Evidence for change of birth date shown on:

FILM No. G 123 JAN 4 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

-11881

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1mo 26dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA COUNTY ARLINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARLINGTON
STREET ADDRESS (If rural, give location) 1313 North 20th Street

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (n) (Last) AIKEN
4. DATE OF DEATH (Month) (Day) (Year) 12-15-49 19
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH ~~12-15-49~~ 3/9/95
9. AGE last birthday 54 yrs. If under 1 year Months 9 Days 6 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Jim Aiken
14. MOTHER'S MAIDEN NAME Lily Austin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT Friend. Blanche Butler, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH: Three thus months.

150 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia (Terminal) — one day.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 19, 1949, to DEC 15, 1949, that I last saw the deceased alive on DEC 15, 1949, and that death occurred at 2:45A m., from the causes and on the date stated above.

SIGNATURE C.F. Park (Degree or title) C.F. PARK, CDR MC, USN ADDRESS USNaval Hospital, Bethesda, Md DATE SIGNED 12/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Virginia
DATE REC'D BY LOCAL REG. 12/26/49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR Chinn Funeral Home, 2605 Seminary RD Arlington, Virginia ADDRESS

R.W. B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1949
BUREAU V. S.

Informant's statement on VS26(44) filmed G123 Jan 11 1950 - LL, changing BIRTHDATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11882

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9006 FIRST AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9006 First Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GENEVIEVE	MARIE	ANADALE	Dec.	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec. 16. 1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Washington, D.C	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Lackey	Catherine Bogman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		John A. Anadale - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL-VASCULAR ACCIDENT (HEMORR.)	36 HRS
420.0 Antecedent cause(s)	(b) GENERALIZED ARTERIOSCLEROSIS	UNK.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIAL HYPERTENSION	UNK.
	(c) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE & GRADE III FAILURE.	3 WKS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	NONE			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE m.		NONE

22. I hereby certify that I attended the deceased from JUNE, 1948, to DEC., 1949, that I last saw the deceased alive on DEC. 20, 1949, and that death occurred at 9:02 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. Marshall Leuvillier, Jr.	MD		DEC. 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 23, 1949	Mount Olivet Cemetery	Washington	DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/21/49	Frances Potter	P. J. Joyce	475 H St NW Washington D.C.

VS. A15

RECEIVED
DEC 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11883

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 308 Edgewood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 308 Edgewood Avenue

3. NAME OF DECEASED (Type or Print): (First) ROBERT IRWIN (Middle) (Last) ATKINSON

4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept. 28, 1904

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Production Manager

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Joseph Harry Atkinson

14. MOTHER'S MAIDEN NAME: Elizabeth Wallfender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 108-01-3246

17. INFORMANT: Mrs. Anne Mae Atkinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart — (Degree or title) M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 12-12-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/15/49 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: 12/14/49 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

VS. A15A

RECEIVED
DEC 16 1949
BUREAU V. S.

11884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Baker

4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Aug. 11 1885

9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Hancock Co. Tennessee

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME Mary —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 212-16-9970

17. INFORMANT Mrs Mary Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis, acute	Three hours
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arterio sclerosis	One year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27, 1949, to Dec 3, 1949, that I last saw the deceased alive on Nov 27, 1949, and that death occurred at 5 30/A m., from the causes and on the date stated above.

SIGNATURE Francis J Crilley Jr. (Degree or title) M.D. ADDRESS 2901 So. Dak. Ave N.E. Wash D.C. DATE SIGNED 12-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF December 6 1949

NAME OF CEMETERY OR CREMATORY Liberty Cemetery

LOCATION (City, town, or county) (State) Lisbon, Maryland

DATE REC'D BY LOCAL REG. Dec. 6-1949

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR De Witt Donaldson, Laurel ADDRESS Maryland

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11885

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1mo 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN VIERS MILL VILLAGE
STREET ADDRESS (If rural, give location) 4504 Sigsbee Road

3. NAME OF DECEASED (Type or Print): (First) Troy (Middle) Lee (Last) BANKS

4. DATE OF DEATH: (Month) DEC (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-24-1916

9. AGE last birthday: 33 yrs. If under 1 year: Months 2, Days 11; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accounting clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Selmer, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bennett R. Banks

14. MOTHER'S MAIDEN NAME: Lola E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: WIFE: Audrey A. Bamks, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema (Immed. cause) — Interval Between Onset and Death: Few Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Pancreas with wide spread metastases. (Antecedent cause) — Few years

(c) Atelectasis, Pulmonary (Catheter) — Few Hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 OCT, 1949, to 5 DEC, 1949, that I last saw the deceased alive on 5 DEC, 1949, and that death occurred at 5:35A m., from the causes and on the date stated above.

SIGNATURE C F Park (Degree or title) ADDRESS C.F. PARK, CDR, MC, USN, NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED 12/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 12-8-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 12/9/49 — REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.W. CHAMBERS, 1400 Chapin St, NW Washington, D.C. R.A.M.

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11886

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3200 16th St, N.W.

3. NAME OF DECEASED (Type or Print): (First) Gavyne (Middle) Lynn (Last) Barry

4. DATE OF DEATH: (Month) DEC (Day) 7, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 4-13-91

9. AGE last birthday: 58 yrs. If under 1 year: Months. 7 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY: Dept Justice

11. BIRTHPLACE (State or foreign country): Sikeston, Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Barry

14. MOTHER'S MAIDEN NAME: Annie Doty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: 1311 North Ode St
Son: Lynn F. Barry Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Cerebral Hemorrhage with Ruptures in Ventricles	72 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchopneumonia	72 hrs
	(c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Enlargement — ?

331
95c

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes XXX No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 DEC, 1949 to 7 DEC, 1949, that I last saw the deceased alive on 7 DEC, 1949, and that death occurred at 2:10P m., from the causes and on the date stated above.

SIGNATURE Wyde H. Boswell (Degree or title) ADDRESS W.H. BOSWELL, LT, MC, USN, NAVAL HOSPITAL BETHESDA, MD DATE SIGNED 12/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 12-12-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 12/9/49 — REGISTRAR'S SIGNATURE Elizabeth Willett — FUNERAL DIRECTOR ADDRESS W.W. Chambers 3072 M St, NW, Wash D.C.

10P

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11887

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2mo 15dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Rural Route #3

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edmond (Last) BARRY

4. DATE OF DEATH: (Month) DEC (Day) 5, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-3-83

9. AGE last birthday: 66 yrs. If under 1 year: Months. 5 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Sanford Cnty, Florida

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Calhoun Barry

14. MOTHER'S MAIDEN NAME: Dora Melvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Son; James Robert Barry, same addres

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphoma, Epithelioma testes — Interval between onset and death: 18 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20SEPT, 1949, to 5 DEC, 1949, that I last saw the deceased alive on 5 DEC, 1949, and that death occurred at 7:30A m., from the causes and on the date stated above.

SIGNATURE J.H. Hege (Degree or title) ADDRESS J.H. HEGE, LT, MC, USN, NAVAL HOSPITAL, BETHESDAMD DATE SIGNED 12/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Dec. 8, 1949
NAME OF CEMETERY OR CREMATORY: Forest Glen ORK
LOCATION (City, town, or county) (State): Gaithersburg, Md

DATE REC'D BY LOCAL REG. 12/9/49
REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: Ernest V. Gartner ADDRESS: Gaithersburg, Md

Ernest V. Gartner Gaithersburg Md

RECEIVED
DEC 13 1949
BUREAU V. S.

Evidence for change of #8 & 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11890

FILM No. G 123 DEC 19 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Son. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 857 Venable Place.

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Hobart (Last) Bass

4. DATE OF DEATH (Month) 12 (Day) 8 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 7, 1894
9. AGE last birthday 55 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk.
10b. KIND OF BUSINESS OR INDUSTRY Post office Dept.
11. BIRTHPLACE (State or foreign country) Lexington Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clarence Kemp Bass
14. MOTHER'S MAIDEN NAME Ida May Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Chart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute myocardial rupture anterior wall left Ventricle	15 min
420.1 Antecedent cause(s)	(b) Myocardial Infarction	2 days
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) acute thrombosis left anterior descending coronary	2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 6, 1949, to Dec 8, 1949, that I last saw the deceased alive on Dec 7, 1949, and that death occurred at 11 46 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George L Ball 7835 Eastern Ave Silver Spring Md Dec 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec 12, 1949
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 12/8/49
REGISTRAR'S SIGNATURE J. Hedwig Dodd
24. FUNERAL DIRECTOR Joseph Gawler's Sons. ADDRESS 1756 Pa. Ave. N.W. D.C. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11888

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Bethesda (rural) Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 7 mo 26days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN COLMAR MANOR
STREET ADDRESS (If rural, give location) 4207 Monroe Street

3. NAME OF DECEASED (Type or Print): (First) John Allison (Middle) (Last) BAXTER
4. DATE OF DEATH: (Month) 12-23-49 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-27-78
9. AGE last birthday: 71 yrs. If under 1 year: Months 8 Days 26; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Govt
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: VIRGIL V. BAXTER
14. MOTHER'S MAIDEN NAME: IDA B. CRAWFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) SA
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Wife: Corabell Baxter, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia Bronchial	14 days
144 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 458	(b) Cachexia	2 mos
	(c) Carcinoma, palate, tongue with metastasis	14 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27April, 1949 to 23 Dec., 1949, that I last saw the deceased alive on 23, Dec, 1949, and that death occurred at 7:27 P m., from the causes and on the date stated above.

SIGNATURE E. P. Irons (Degree or title) E.P.IRONS, CDR, MC, USN, ADDRESS U. S. Naval Hospital, Bethesda, Md. DATE SIGNED 12-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12-28-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 1-4-50
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers, 5801 Cleveland Ave. Riverdale, Maryland
W. H. Howard

VS. A15

RECEIVED
JAN 5 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11889

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MONNT RANIER
STREET ADDRESS (If rural, give location): 3316 Chaumcey Place

3. NAME OF DECEASED (Type or Print): (First) Nicholas (Middle) Ernest (Last) BOMBARDIER

4. DATE OF DEATH: (Month) 12-17-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-3-1895

9. AGE last birthday: 54 yrs. — If under 1 year: Months 10 Days 14 — If under 24 hrs.: Hours [ ] Min. [ ]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry L. Bombardier

14. MOTHER'S MAIDEN NAME: Jessie Grover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Sarah Bombardier, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxiation	2 Min
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) aneurysm, aorta	2 yrs
	(c) Syphilis.	unknown

022
30d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 5, 1949, to DEC 17, 1949, that I last saw the deceased alive on DEC 17, 1949, and that death occurred at 4:21A m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) ADDRESS: W.F. QUEEN, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED 12-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-20-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 12-20-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W. CHAMBERS, 1400 CHAPIN STREET, NW, WASHINGTON, D.C.

RECEIVED
DEC 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11891

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rock Spring - Glen Echo Heights

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Springs
STREET ADDRESS (If rural, give location) Glen Echo. Heights

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) (Last) Bradford
4. DATE OF DEATH (Month) Dec (Day) 30 (Year) 1949

5. SEX male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 18, 1879
9. AGE last birthday 70 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT Carrie Bradford (wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac dilitation	Found dead in bed.
421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d	(b) Chronic Valvular heart disease	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 2, 1950
NAME OF CEMETERY OR CREMATORY Caben John, LOCATION (City, town, or county) Caben John, Md. (State)

DATE REC'D BY LOCAL REG. 1-1-50
REGISTRAR'S SIGNATURE Helen ~~Kintosh~~ Kinnard
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11892

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place): 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 101 Grandin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): 101 Grandin Ave.

3. NAME OF DECEASED (Type or Print): (First) Everett (Middle) Frederick (Last) Briggs

4. DATE OF DEATH: (Month) Dec. (Day) 12, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 5, 1909

9. AGE last birthday: 40 yrs. — If under 1 year: Months 5, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscape Gardner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Arthur Briggs

14. MOTHER'S MAIDEN NAME: Henrietta Glover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-05-7025

17. INFORMANT: Lillie Mae Briggs - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac dilatation	½ hour.
411 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive failure	2 weeks
92a	(c) Rheumatic endocarditis with aortic insufficiency	10 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19..., to Dec. 12, 1949, that I last saw the deceased alive on Dec. 5, 1949, and that death occurred at 6.45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Wm. A. Linthicum, M.D. — Rockville, Md. — Dec. 12, 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/15/49 — NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery — LOCATION (City, town, or county) (State): Gaithersburg Maryland

DATE REC'D BY LOCAL REG.: 12/15/49 — REGISTRAR'S SIGNATURE: Louise B. Humphreys

24. FUNERAL DIRECTOR — ADDRESS: Bethesda, Md.

RECEIVED
DEC 17 1949
BUREAU V. S.

11893

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 638 Ritchie Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 638 Ritchie Ave

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) Moore (Last) Brown

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: March 5, 1879 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Brown | 14. MOTHER'S MAIDEN NAME: Mary Elizabeth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 220-26-7057 | 17. INFORMANT: George Russell Brown, 20 Lincoln Ave., Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Frank J. Bouchat M.D. Gaithersburg Md 12-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 30, 1949 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 12/29/49 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS 8434 Ga. Ave., Silver Spring, Md.

RECEIVED
DEC 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11894

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: West Moreland Hills, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 1

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Montgomery

City or town: Westmoreland Hills

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5302 Mass., Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: ANNIE J. BURNS

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: William T. Burns

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 3, 1865

8. AGE:

Years	Months	Days	If less than one day
84			..... hrs. ..... min.

9. Birthplace: Mass.

(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER

12. Name: Thomas Reeder

13. Birthplace: Ireland

MOTHER

14. Maiden name: Hannah O'Toole

15. Birthplace: Ireland

18. Informant: Tom Burns

Address: 5302 - Mass ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 9 1949 (month) (day) (year)

Cemetery or crematory: Ft. Lincoln

Location: 3401 - Bladensburg Rd.

18. Funeral director: Chevy Chase Funeral Home

Address: 5101 Wis., Ave., N.W.

19. 12/1/49 (Date rec'd by registrar) Helen Kurnick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DEC 6 1949 at 2.29 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1947 to DEC. 6 1949 and that I last saw h[illegible] alive on DEC 6 1949

	DURATION
Immediate cause of death: Coronary thrombosis	1 hour
Due to: Atypical pneumonia.	4 days
Due to:	
Other conditions: Arteriosclerosis, 420.1 generalized. 9da	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. P. RYLAND, M.D.

M.D., or other

Address: 4901 MASSACHUSETTS AVE., N. W. WASHINGTON 16, D.C.

Date signed: DEC 6 1949

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1949
BUREAU V. S.

Evidence for change of birth date & age shown on:

FILM No. G 1 23 JAN 5 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11895

215

Reg. Dist. No. 125X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital, Bethesda, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 314 Peabody Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Leo (Last) BUSH

4. DATE OF DEATH: (Month) DEC (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-17-~~98~~ 91

9. AGE last birthday: ~~59~~ 58 yrs. If under 1 year: Months 9, Days 19, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plate printer

10b. KIND OF BUSINESS OR INDUSTRY: Bureau Engraving

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William E. Bush

14. MOTHER'S MAIDEN NAME: Mary E Greenwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Bertha E. BUSH, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease, Mitral Stenosis — Interval Between Onset and Death: unknown.

410

Antecedent cause(s)

92b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 NOV, 1949, to 6 DEC, 1949, that I last saw the deceased alive on 6 DEC, 1949 and that death occurred at 2:55A m., from the causes and on the date stated above.

SIGNATURE: W. F. Queen (Degree or title) ADDRESS: W.F. QUEEN, CDR, MC, USN, US Naval Hospita, Bethesda, Md — DATE SIGNED: 12-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12-9-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 12-8-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett — 24. FUNERAL DIRECTOR: Francis J. Collins — ADDRESS: 3821 14th NW Washington, D.C.

RECEIVED
DEC 13 1949
BUREAU V. S.

11896

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Md. LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Rockville~~ Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Olney, Md.

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) (Last) Butt
4. DATE OF DEATH (Month) Dec. (Day) 8 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 14, 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Layhill, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joseph Burriss
14. MOTHER'S MAIDEN NAME Annie Kisner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

292.4 Immediate cause (a) Aplastic anemia — 1 yr.

73d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Oct, 1949, to 8 Dec, 1949, that I last saw the deceased alive on 8 Dec, 1949, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE H. O. Bonifant (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED 8 Dec. '49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE THEREOF Dec 11, 1949 NAME OF CEMETERY OR CREMATORY Rockville Union LOCATION (City, town, or county) Rockville (State) Md.
DATE REC'D BY LOCAL REG. 12-7-49 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11897

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 5 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 815 Bonifant St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 815 Bonifant

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Geneva (Last) Carlisle

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 1-6-1870 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred Hoffman | 14. MOTHER'S MAIDEN NAME: Eugenia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastrointestinal Hemorrhage	1 hour
153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46e	(b) Carcinoma of Cecum	6 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Dec. 27, 1949, that I last saw the deceased alive on Dec. 26, 1949, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. B. Snow M.D. Silver Spring, Md. Dec. 27-1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Dec. 29-1949 | NAME OF CEMETERY OR CREMATORY Ft. Marks | LOCATION (City, town, or county) Port Tobacco (State) Md

DATE REC'D BY LOCAL REG. 12/28/49 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR C. H. Tuck & Bro ADDRESS Bremont Md.

VS. A15

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XXX215

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 820 Connecticut Ave, N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day)	(Year)
James	Sullivan	COLLINS	12-17-49	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5-7-93	56 yrs.	7	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Publicity	U S Govt	Cold River, N.H.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John James Collins	Theresa Sullivam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes WW I II		Wife Mary L. Collins, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Recurrent Carcinoma of Esophagus & Metastases generalized	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

150
460

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from DEC 14, 1949, to DEC 17, 1949, that I last saw the deceased alive on DEC 17, 1949, and that death occurred at 3:40A m., from the causes and on the date stated above.

SIGNATURE E.J. Rupnik (Degree or title) ADDRESS DATE SIGNED

E.J. RUPNIK, LTJG, MC, USN, U.S. Naval Hospital, Bethesda, Md 12/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-21-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/21/49	Elizabeth Willett	W.W. CHAMBERS	3072 M Street, NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11899

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Mont — 723 GIST AVE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 723 Gist Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VIRGINIA	BOTTS	COMBS	Dec	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	June 19 1857	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		VIRGINIA	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas W Botts	Selbie Fairfax

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Minnie Tomay 723 Gist Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

447 **Immediate cause** (a) Heart failure — 2 wks

97 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerosis + senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 25, 1949, to Dec. 17, 1949, that I last saw the deceased alive on Dec. 15, 1949, and that death occurred at 3:40 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Kelly	M. D.	4001 S. Dakota Ave, N.E. Wash, D.C.	12/17/49

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Dec 19-49	Bethel	Alex.	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 19/49	Frances Potter	S H Hines Co	2901 14th St Wash D.C.

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11900

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 21 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 613 Upshur Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (n) (Last) CONKLIN

4. DATE OF DEATH: (Month) DEC (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-2-49

9. AGE last birthday: 0 yrs. — If under 1 year: Months 0 Days 0 — If under 24 hrs.: Hours 21 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Michael Conklin

14. MOTHER'S MAIDEN NAME: Helen Marie Morse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Father: Charles M. Conklin, same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 6 mo. gestation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) atelectasis — from birth

7625
159

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 DEC, 1949, to 3 DEC, 1949, that I last saw the deceased alive on 3 DEC, 1949, and that death occurred at 10:10A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Peterson, Captain, MC, USN, Naval Hospital, Bethesda, Md 12-7-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-6-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 12-8-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: James T. Ryan, 317 Penn. Ave SE, Washington, D.C.

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11901

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 276

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 60
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 4702 East-West Highway

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) V (Last) Daly

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-15-1863

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Staunton, Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Mc Namara

14. MOTHER'S MAIDEN NAME: Catherine Tuohey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

153 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 460

(b) Carcinoma of Sigmoid and transverse

(c) Colon L Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to Dec 29, 1949, that I last saw the deceased alive on 12-29, 1949, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE: W. J. Doyle (Degree or title) M.D. ADDRESS: 546 Maple Ridge Rd Bethesda, Md DATE SIGNED: 12-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): [redacted] DATE: 12-29-49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-29-49 — REGISTRAR'S SIGNATURE: Helen Kenneth

24. FUNERAL DIRECTOR: The S H Hines Co. ADDRESS: 2901 14th St N.W. Washington, D.C.

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11902

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 1A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10,003 McKenney Ave. Apt #3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 10,003 McKenney Ave. Apt. # 3

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) May (Last) DECKER

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 3, 1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: George Decker (son) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Peritonitis — Interval between onset and death: one day

171 Antecedent cause(s)

480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Cervix — Interval between onset and death: Five years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Sept. 1949

19b. MAJOR FINDINGS OF OPERATION: CARCINOMATOSIS IN Pelvis - Colostomy DONE

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): No — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to Dec 10, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DeWitt E. DeLawter, M.D. 7325 ABERDEEN RD. Bethesda 14, Md. 12/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Transportation & Burial — DATE: 12/11/49 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county): Syracuse — (State): New York

DATE REC'D BY LOCAL REG.: 12/12/49 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warren E. Pennefsky, Inc. — ADDRESS: Silver Spring, Md

RECEIVED
DEC 15 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11903

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL — LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: DISTRICT OF COLUMBIA — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1611 5th Street, NW

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Cornelius (Last) DIXON

4. DATE OF DEATH: (Month) DEC (Day) 2, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-6-90

9. AGE last birthday: 59 yrs. If under 1 year: Months 10, Days 26, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher

10b. KIND OF BUSINESS OR INDUSTRY: Private

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Richard Dixon

14. MOTHER'S MAIDEN NAME: Lucy Higgens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Veterans Administration

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malignant Hypertensive Cardiovascular Disease — unknown

443

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

934

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Nov., 1949, to 2 Dec., 1949, that I last saw the deceased alive on 2 Dec., 1949 and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE: W. F. Queen (Degree or title): W.F. QUEEN, CDR, MC, USN ADDRESS: U.S.NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED: 12-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 12-6-49 — NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL — LOCATION (City, town, or county) (State): ARLINGTON, VIRGINIA

DATE REC'D BY LOCAL REG.: 12-8-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: Fraziers Funeral Home, INC. — ADDRESS: 389 Rhode Island N.W.

RECEIVED
DEC 9 1949
BUREAU V. S.

11904

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 7 weeks 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.	STREET ADDRESS (If rural, give location) 2123 California St. N.W.

3. NAME OF DECEASED (Type or Print)	(First) MABLE	(Middle)	(Last) DUNHAM	4. DATE OF DEATH	(Month) Dec. (Day) 30 (Year) 1949
5. SEX Female	6. COLOR OR RACE English	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 17, 1891	9. AGE last birthday 58 yrs.	If under 1 year Months. Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Montreal Canada	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Dr Archibald More		14. MOTHER'S MAIDEN NAME Margaret Elizabeth Edwards			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Admission record			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive Heart Failure	months
592 Antecedent cause(s)	Rheumatic Heart Disease	years
124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Large Mural Thrombus left Auricle	months
	(c) Chronic Glomerular Nephritis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8, 1949, to 12-30, 1949, that I last saw the deceased alive on 12-29, 1949, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr Voe K. Meade M. Dr		Takoma Park 12 Md.	12-30-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 1-3-50	NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem.	LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 12/30/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Jos. Gawler's Sons. 1756 Pa. Ave. N.W. Wash. D.C. 6	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1905

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 11 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1445 Columbia Road, N.W. D.C.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Walter	John	EDDINGTON		12	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6-24-1885	64 yrs.	6	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maritime Commission	Maritime Comm.	Michigan	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter J. Eddington	Jessie Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	None	Chicago 26, Ill. Mrs. Tempa Eddington, 1519 Estes Ave,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Bronchitis with extreme fibrosis and emphysema — Interval between Onset and Death: Began in 1928

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

502.0
117a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ulcer of stomach & duodenum with moderate hemorrhage

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 16 Dec, 1949 to 26 Dec, 1949 that I last saw the deceased alive on 26 Dec, 1949 and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.J. McCarthy LTJG MC USN — U. S. Naval Hospital, Bethesda, Md — 12-28-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	12-28-49	Arlington Nat'l Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/30/49	Elizabeth Willett	S.H.HINES, 2901, 14th St.N.W. Wash, D.C.

DNB

RECEIVED
JAN 3 1950
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11906

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 101 West Grant Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 101 West Grant Ave.

3. NAME OF DECEASED (Type or Print): (First) Amelia (Middle) Alberta (Last) Elliott

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Dec. 4, 1903

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph DelTufo

14. MOTHER'S MAIDEN NAME: Anna Marie Prerra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs Marjprie E. Ness-101 W. Grant Ave. Takoma Park, Md;

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of bladder and rectum	2 years.
Antecedent cause(s)	(b) —	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) —	

181
46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Nov. 22, 1949, to Dec 3rd, 1949, that I last saw the deceased alive on Dec. 2nd, 1949, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): O. Bleile, M.D. ADDRESS: 6911 5th St. N.W. Wash. 12 D.C. DATE SIGNED: DEC 5 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12/6/49
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 12/5/49
REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR ADDRESS: Warren E. Funkhouser, Inc. Silver Spring, Md

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11907

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Kensington
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
9511 East Stanhope Rd.,

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 9511 East Stanhope Rd.,
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME ROBERT HAVALIAH EVANS

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of husband or wife May Wood Evans

6.(c) If alive, give age 66 ~~70~~ years

7. Birth date of deceased (mo., day, yr.) SEPT 16, 1879

8. AGE: 70 Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Furniture Mfg. represenative

11. Industry or business " "

FATHER
12. Name Morgan H. Evans
13. Birthplace Wales

MOTHER
14. Maiden name Mary Rogerson
15. Birthplace England

16. Informant May W. Evans - widow

Address 9511 E. Stanhope Rd., Kensington, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 12-6-49 (month) (day) (year)

Cemetery or crematory Loudoun Park

Location Baltimore, Md.

16. Funeral director Joseph Gawler's Sons Inc

Address 1756 Penna Ave., nw D.C. 6

19. 12-3-49 19
(Date rec'd by registrar)

Helen Kurvach
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1949, at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1946, to December 3 1949 and that I last saw him alive on December 2 1949

Immediate cause of death Cardiac Failure

Due to Acute Cardiac Dilitation

Due to Chronic Cardiac enlargement and strain

Other conditions Chronic Bronchial asthma - severe
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations 434.3 Date of op.

Autopsy results 95 C

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Y. Jaggers Jr. M.D.
M.D. or other

Address 5707 Wisc. Ave. Chevy Chase, Md. Date signed 12/3/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 5 1949
BUREAU V. S.

11908

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luray, Route 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) thomas (Middle) marion (Last) French

4. DATE OF DEATH (Month) 12 (Day) 12 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH march 25, 1883
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister, Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Willis Point, Texas
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Horatio French
14. MOTHER'S MAIDEN NAME Fredonia Arbelle Giddard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Chart - Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Coronary Thrombosis	1 day
610	Antecedent cause(s)	Hypertension Cardiovascular Renal Disease	2 years
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal Uremia	weeks
131a		(c) Benign Prostatic Hypertrophy	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Generalized Arteriosclerosis years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1949, to 12-12, 1949, that I last saw the deceased alive on 12-12, 1949, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE DeVoe K. Neade M.D. (Degree or title) ADDRESS Takoma Park 12, Md. DATE SIGNED 12-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 14, 1949
NAME OF CEMETERY OR CREMATORY Stanley S.D.A. Church Cemetery
LOCATION (City, town, or county) Stanley (State) Virginia

DATE REC'D BY LOCAL REG. 12/13/49
REGISTRAR'S SIGNATURE J. Wilson DSdd
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. NW DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11909

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH COUNTY: Montgomery — STATE: MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring LENGTH OF STAY (in this place): HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1303 Highland Drive	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Montgomery CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring STREET ADDRESS (If rural, give location): 1303 Highland Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	E.	Friedrich	DEC.	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	White	Married	Apr. 9, 1895	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dry Cleaning		Washington, D. C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert N. Friedrich	Georgie Ann Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Mrs. Angelina C. Friedrich -Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE CONGESTIVE HEART FAILURE	UNK.
Antecedent cause(s)	THYROTOXICOSIS	UNK
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MYOCARDIAL DEGENERATION, PROGRESSIVE, WITH CHRONIC CONGESTIVE HEART FAILURE.	UNK. 2½ yrs.
	(c) MALNUTRITION.	2 YRS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	POSSIBLE DEGENERATIVE DISEASE OF NERVOUS SYSTEM.	1 YR.

422.2
631

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from MAY (APPROX), 1947, to DEC. 28, 1949, that I last saw the deceased alive on 24 DEC., 1949, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. Marshall Leuvillier Jr.	M.D.	8648 GEORGIA AVE. SILVER SPRING, MD.	29 DEC. 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/31/49	Fort Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/31/49	Frances Potter	Warner C. Pumphrey	Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11910

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 3yrs-3mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4627 Hunt Ave.	STREET ADDRESS (If rural, give location) 4627 Hunt Ave.

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Frederick	(Last) Gamber	4. DATE OF DEATH	(Month) Dec.	(Day) 26	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb.24,1901	9. AGE last birthday 48 yrs.	If under 1 year Months 10	Days 2	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Army-Col.	10b. KIND OF BUSINESS OR INDUSTRY Ordnance Dept.	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME John F. Gamber, Sr.	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) W.W.II	16. SOCIAL SECURITY No. None	17. INFORMANT Marjorie V. Gamber - wife					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	12-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/28/49	NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.	LOCATION (City, town, or county) Arlington	(State) Virginia
DATE REC'D BY LOCAL REG. 12-27-49	REGISTRAR'S SIGNATURE Helen Hurvack	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 30 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11911

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4445 Farraday Pl. NW

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Francis (Last) Garland
4. DATE OF DEATH (Month) Dec. (Day) 8, (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct-1, 1897
9. AGE last birthday 52 yrs. If under 1 year Months 2 Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY C.P.A.
11. BIRTHPLACE (State or foreign country) Mt. Vernon, N.Y.
12. CITIZEN OF WHAT COUNTRY? Amer
13. FATHER'S NAME James B. Garland
14. MOTHER'S MAIDEN NAME Margaret Elrod
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife - Adele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	5 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	1944
	(c) Arterial Hypertension	1941

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/8, 1949, to 12/8, 1949, that I last saw the deceased alive on 12/8, 1949, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 4648 East-West Hwy DATE SIGNED Bethesda Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE 12/12/49
NAME OF CEMETERY OR CREMATORY St. Raymond's Cemetery
LOCATION (City, town, or county) Bronx, N. Y. (State) N.Y.
DATE REC'D BY LOCAL REG. 12-9-49
REGISTRAR'S SIGNATURE Helen Hurwack
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
DEC 10 1949
BUREAU V. S.

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11912

CERTIFICATE OF DEATH

FILM No. G 1 2 5 JAN 4 1950

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
6903 - Denton Lane
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
6903 Denton Lane
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) PEARL (Middle) GELLMAN (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 12th (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: March 11, 1905 | 9. AGE last birthday: 44 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Rubin | 14. MOTHER'S MAIDEN NAME: Sarah Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Rose Zorn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sarcoma - Right Thigh (1/4/50 - bms) | 9 mo

199.1 Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 12, to 12-12, 19 49, that I last saw the deceased alive on 12-11, 19 49, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Paul D Cantor MD — Bethesda | 12-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 12-13-49 | NAME OF CEMETERY OR CREMATORY Nat Hebrew | LOCATION (City, town, or county) DC. (State)

DATE REC'D BY LOCAL REG. 12-13-49 | REGISTRAR'S SIGNATURE Helen Kurvach | 24. FUNERAL DIRECTOR B. Danzansky | ADDRESS 3501-14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11913

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
County: Montgomery
City or town: Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 2515 - Holman ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Mont.
City or town: Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2515 - Holman ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Joseph GOCHRACH

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): about 1873

8. AGE: Years: 76 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business:

FATHER
12. Name: Samuel Gochrach
13. Birthplace: Russia

MOTHER
14. Maiden name:
15. Birthplace: Russia

16. Informant: Home Record
Address: 2515 - Holman ave

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 20-49 (month) (day) (year)

Cemetery or crematory:
Location: 3501 - 14th St NW Washington DC
18. Funeral director: B Dannenfelser & Son
Address: 3501 - 14th St NW Washington DC

19. Dec 19 19 49 (Date rec'd by registrar) Frances Potter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 19, 19 49 at 7 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 20, 1947, to Dec. 19 1949 and that I last saw h. I M alive on December 19, 1949

Immediate cause of death	DURATION
Myocardial Failure	30 Mons
Due to: Coronary Arteriosclerotic Heart Disease	over 3 yrs.
Due to:	
Other conditions:	

420.1
(Include pregnancy within 3 months of death)
Major findings of operations: —
Date of op.:
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Israel Kessler, M.D. M. D. or other
Address: 721 Decatur ST. NW, WASH. DC Date signed: Dec. 19, 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11914.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 10m0 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 5422 Center Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Lester	GOLLADAY	12-16-49 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4-16-92	57 yrs.	8	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Indiana	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Golladay	Emma Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	WWI		Wife: Helen W.Golladay, same addres

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

4500 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 14 FEB, 1949, to 16 DEC, 1949, that I last saw the deceased alive on 16 DEC, 1949, and that death occurred at 7:20A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Cheffey
J.H. CHEFFEY, LT, MC, USN, U.S.Naval Hospital, Bethesda, Md 12/19/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-20-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/19/49	Elizabeth Willett	W.W. Chambers	517 11th St,SE Washington D.C.

RECEIVED
DEC 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11915

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS JOBRIFFE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (If rural give location) 7700 Blair Rd.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) B (Last) Good
4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 19 49
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: Sept 22 1859
9. AGE last birthday: 90 yrs.
If under 1 year: Months; Days
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aaron Good
14. MOTHER'S MAIDEN NAME: Louisa Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular accident 2 days

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis years

830 (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1949, to 12-11, 1949, that I last saw the deceased alive on 12-11, 1949, and that death occurred at 5 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] [illegible] Silver Spring Md 12-11-49

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 12/12/49; NAME OF CEMETERY OR CREMATORY: Grandview; LOCATION (City, town, or county) (State): Johnstown, Pa.

DATE REC'D BY LOCAL REG. 12/12/49; REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Lee Funeral Home - 300 4th N.E.

VS. A15

RECEIVED
DEC 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11916

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — LENGTH OF STAY (in this place): one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: near Rockville, Md. Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — Rural — Rockville, Md.
STREET ADDRESS (If rural, give location): 1147 - 15th St. N.W., Wash., D.C.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Clyde (Last) Goodman

4. DATE OF DEATH: (Month) December (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Dec. 31 - 1857

9. AGE last birthday: 91 yrs. If under 1 year: Months 11 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister of the Gospel

10b. KIND OF BUSINESS OR INDUSTRY: Priest

11. BIRTHPLACE (State or foreign country): London England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin John Goodman

14. MOTHER'S MAIDEN NAME: Elizabeth Law

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Had none

17. INFORMANT AND ADDRESS: Margaret S. Beckitol

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocardial insufficiency	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart block	Unknown
422.1 938	(c) arterio-sclerosis	Ten years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1949, to Dec. 22, 1949, that I last saw the deceased alive on Dec. 22, 1949, and that death occurred at 5.30 P.M., from the causes and on the date stated above.

SIGNATURE: Wheeler O. Huff (Degree or title): M.D. ADDRESS: 4529 Maple Ave., Bethesda, Md. DATE SIGNED: Dec. 22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE: DEC. 22/49 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. 12-22-49 REGISTRAR'S SIGNATURE: Helen Hummel

24. FUNERAL DIRECTOR: Martin W. Hysong Co. ADDRESS: Wash. D.C.

RECEIVED
DEC 27 1949
BUREAU V. S.

11917

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) (Norbeck)

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) (Last) Hamilton
4. DATE OF DEATH (Month) Dec (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH MAR 20 1908
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER
10b. KIND OF BUSINESS OR INDUSTRY G.P.O.
11. BIRTHPLACE (State or foreign country) LIVERPOOL
12. CITIZEN OF WHAT COUNTRY? ENG.

13. FATHER'S NAME John Hamilton
14. MOTHER'S MAIDEN NAME Mary Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Pauline Welsh Hamilton (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-2-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF Dec 6, 1949 NAME OF CEMETERY OR CREMATORY Glenwood LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Dec 4-49 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR P. J. Soffell ADDRESS 475 "H" St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 13 1949
BUREAU V. S.

11918

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 15 hrs. 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9401 Carrs La.

3. NAME OF DECEASED (Type or Print) (First) Abner (Middle) H. (Last) Hardisty

4. DATE OF DEATH (Month) 12 (Day) 19 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 2nd 1867
9. AGE last birthday 82 yrs. If under 1 year Months 1 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Hardisty
14. MOTHER'S MAIDEN NAME Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Taken from admission sheet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis and

(c) hypertensive cardio-renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1949 to Dec 19, 1949, that I last saw the deceased alive on Dec 19, 1949 and that death occurred at 6:45A m., from the causes and on the date stated above.

SIGNATURE Mary Ni (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda, Md. DATE SIGNED Dec 19, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 21
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. 12-19-49
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR W W Chambers Co, ADDRESS Riverdale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 22 1949
BUREAU V. S.

11919

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (In this place) 4 da. 10½ hr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital	STREET ADDRESS (If rural give location) Hunting Hill Rd.

3. NAME OF DECEASED (Type or Print) (First) Willie	(Middle) Pearl	(Last) Harris	4. DATE OF DEATH (Month) Dec.	(Day) 10	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH March 1 - 1902	9. AGE last birthday 47 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Carroll Co. Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Daniel Barker.		14. MOTHER'S MAIDEN NAME Marguette Shinault			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Herbert Ashby Harris			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	2 wks.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive cardiovascular disease	4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec., 1949, to 10 Dec., 1949, that I last saw the deceased alive on 10 Dec., 1949, and that death occurred at 11:55 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. D. Bonifant	M. D.	Sandy Spring Md.	10 Dec. '49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 12-11-49	NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery	LOCATION (City, town, or county) Carroll County (State) Va.
DATE REC'D BY LOCAL REG. Dec 10-49	REGISTRAR'S SIGNATURE Gertrude B Lawler	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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7

RECEIVED
DEC 13 1949
BUREAU OF S.

Evidence for addition of #8 & 9 shown on:

FILM No. G 125 JAN 26 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11920

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 W. Montgomery Ave.	STREET ADDRESS (If rural, give location) 311 W. Montgomery Ave.

3. NAME OF DECEASED (Type or Print)	(First) Dr. Cyrus	(Middle) Eugene	(Last) Hawks	4. DATE OF DEATH	(Month) Dec.	(Day) 16	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 15, 1891	9. AGE last birthday 58 yrs.	If under 1 year Months. 7	Days 1	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Osborne Hawks			14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓	(If year, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Moir M. Fulks - nephew				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal obstruction	3 Days
Antecedent cause(s)	(b) Cirrhosis of Liver (pont.)	5 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

581.0

124

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944 to Dec 16, 1949, that I last saw the deceased alive on Dec 16, 1949 and that death occurred at 8:05 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willis Welch	M.D.	Rockville	12/16/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/19/49	Chestnut Grove Cem.	Lambsburg	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/19/49	Louise B. Humphreys	[signature]	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

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DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11921

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 - Silver Spring Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 405 - SILVER SPRING AVE

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) COLLINS (Last) HENRY

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Sept 6 1889

9. AGE last birthday: 60 yrs. If under 1 year: Months 3 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CABINET MAKER

10b. KIND OF BUSINESS OR INDUSTRY: LAMARR + WALLACE

11. BIRTHPLACE (State or foreign country): HUNTINGDON CO. PENNA.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ALFRED HENRY

14. MOTHER'S MAIDEN NAME: MATILDA BRUNNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-10-9904

17. INFORMANT: Mrs Bessie P. Henry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
260	Immediate cause	(a) CEREBRAL HEMORRHAGE	4 hrs.
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIAL HYPERTENSION	5 yrs.
		(c) DIABETES MELLITUS (MILD)	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1947, to Dec., 1949, that I last saw the deceased alive on Dec. 16, 1949, and that death occurred at 3 30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. B. Snow M.D. ADDRESS Silver Spring, Md. DATE SIGNED 12/16/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Dec. 19, 1949 | DATE THEREOF: Burial | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. | LOCATION (City, town, or county) (State): Prince Georges Co. Md.

DATE REC'D BY LOCAL REG. 12/16/49 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: D. H. Sims Co. ADDRESS: 2901 - 14th. NW Wash, DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1949
BUREAU F. S.

11922

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 30 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 701 Grandin Ave.	STREET ADDRESS (If rural give location) 701 Grandin Ave.

3. NAME OF DECEASED (Type or Print) (First) Harry	(Middle) C.	(Last) Hipsley	4. DATE OF DEATH (Month) Dec.	(Day) 27	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 11, 1866	9. AGE last birthday 83 yrs.	If under 1 year Months 8 Days 18 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Edwin Hipsley		14. MOTHER'S MAIDEN NAME Kate Camby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Marion T. Hipsley - Son			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive failure	1 week
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Chronic myocarditis & arteriosclerosis	2 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arthritis - Oral sepsis — 5 years

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec. 21, 1949, to Dec. 27, 1949, that I last saw the deceased alive on Dec. 27, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. G. Linthicum	M.D.	Rockville, Md.	12/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/29/49	NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	LOCATION (City, town, or county) Unity	(State) Maryland
DATE REC'D BY LOCAL REG. 12/29/49	REGISTRAR'S SIGNATURE Louise B. Humphreys	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 30 1949
BUREAU V. S.

11923

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH · COUNTY: Germantown Montgomery Cty MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none	STREET ADDRESS (If rural, give location): rural route 118

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) HOES

4. DATE OF DEATH (Month) (Day) (Year): December 28 1949

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 10, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad laborer

10b. KIND OF BUSINESS OR INDUSTRY: railroad

11. BIRTHPLACE (State or foreign country): Germantown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Hoes

14. MOTHER'S MAIDEN NAME: Martha Nolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Sophie Hodges, 1441 South 35 St Phila, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute congestive heart failure	1 hour
592 Antecedent cause(s)			
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive heart disease	8 months
	(c)	Chronic glomerular nephritis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9 July, 1948, to 28 Dec, 1949, that I last saw the deceased alive on 28 Dec, 1949, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE: John S. Fawcett (Degree or title): M.D. ADDRESS: Boyd, Md DATE SIGNED: 30 Dec 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 12/3/49 NAME OF CEMETERY OR CREMATORY: St Rose Cemetery LOCATION (City, town, or county) (State): Clopper Md.

DATE REC'D BY LOCAL REG.: Dec 30, 1949 REGISTRAR'S SIGNATURE: Alvarda G. Cooke

24. FUNERAL DIRECTOR: E. C. Gartner, Gaithersburg Md. ADDRESS

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JAN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11924

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 20 hrs Town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3618 Newark St. N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) David (Middle) N (Last) Houston

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 20, 1874 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months 4 Days 24 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Druggist.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Houston
14. MOTHER'S MAIDEN NAME: Adrianna Waidley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Taken from Admission Sheet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocarditis	1 yr.
	(c)	

422.2 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1946, to 13 Dec, 1949, that I last saw the deceased alive on 13 Dec, 1949, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE: Herbert Martyn Jr. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12-16-49 | NAME OF CEMETERY OR CREMATORY: Rock Creek | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 12-14-49 | REGISTRAR'S SIGNATURE: Helen Runnels | 24. FUNERAL DIRECTOR: The S. H. Kings Co. ADDRESS: 2901-14th St N.W. Washington D.C.

RECEIVED
DEC 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11925

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac (Rockville RFD#2)
STREET ADDRESS (If rural, give location) Rockville RFD # 2

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) J. (Last) HUNTER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 19, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months 8 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Montg. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hunter

14. MOTHER'S MAIDEN NAME: ? Key

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Howard Wilson Hunter (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma (Hypernephroma) Lung 1 year.

195 Antecedent cause(s)

52a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypernephroma - Left several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 39, to Dec 5, 1949, that I last saw the deceased alive on 12/2, 1949, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willis Webb M.D. ADDRESS DATE SIGNED 12/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 12/8/49 NAME OF CEMETERY OR CREMATORY: Potomac Church Cem. LOCATION (City, town, or county) (State): Potomac, Maryland

DATE REC'D BY LOCAL REG. 12/7/49 REGISTRAR'S SIGNATURE: Louise B. Humphreys

24. FUNERAL DIRECTOR: Robert A. Dunphrey ADDRESS: Bethesda, Md.

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11926

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Howard Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Howard Ave.

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) E. (Last) Hutchinson
4. DATE OF DEATH: (Month) DEC (Day) 23 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Feb. 16, 1880
9. AGE last birthday: 69 yrs. | If under 1 year: Months 10 Days | If under 24 hrs.: Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Shaw
14. MOTHER'S MAIDEN NAME: Mary Virginia Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT: Elmer Hutchinson - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE CARDIAC FAILURE — TWO DAYS

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
332 838
(b) BILATERAL BRONCHOPNEUMONIA — 4 DAYS
(c) CEREBRAL THROMBOSIS — 7 DAYS

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 17, 1949 to DEC 24, 1949 that I last saw the deceased alive on DEC. 23, 1949 and that death occurred at 4:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gordon S. Rosenberger M.D. Rockville, Maryland 12/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 12/23/49 | NAME OF CEMETERY OR CREMATORY Colesville Church Cem. | LOCATION (City, town, or county) Colesville (State) Md.

DATE REC'D BY LOCAL REG. 12/28/49 | REGISTRAR'S SIGNATURE Louise B. Humphreys | 24. FUNERAL DIRECTOR Robert A. Dunphey | ADDRESS Bethesda, Md.

VS. A15

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11927

2411 N. Charles Street, Baltimore

#9. age-

FILM No. G 123 JAN 11 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2300 18th Street, NW ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Morley (Last) HUTTON

4. DATE OF DEATH: (Month) DEC (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-20-89

9. AGE last birthday: 59 ~~60~~ yrs. — If under 1 year: Months: 11 Days: 27 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Dept Commerce

11. BIRTHPLACE (State or foreign country): Farmingham, Mass

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: James Hutton

14. MOTHER'S MAIDEN NAME: Margaret Spedding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: same address — Son-in-law: Frank Weathersbee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease

443 **Antecedent cause(s)**

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Benign — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG 17, 1949, to DEC 17, 1949, that I last saw the deceased alive on DEC 17, 1949, and that death occurred at 4:20 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.F. Queen — W.F. QUEEN, CDR, MC, USN, US Naval Hospital, Bethesda, Md — 12/21/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/21/49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/21/49	Elizabeth Willett	W.W. CHAMBERS, 1400 CHAPIN ST NW	Washington, D.C.

R Martin

RECEIVED
DEC 23 1949
BUREAU V. S.

11928

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Ashton Md
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Freyer (Last) Hurrey
4. DATE OF DEATH (Month) Dec (Day) 9 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 23-1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Grass Valley California
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Fryer
14. MOTHER'S MAIDEN NAME Ida Lander Fryer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Clarence B. Hurry Ashton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cacexia	3 mo
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Generalized	15 yr.
131a	(c) Chronic Nephritis	6 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to 12/9, 1949, that I last saw the deceased alive on 12/9, 1949, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE C H Ligon MD (Degree or title) ADDRESS Sandy Spring, Md DATE SIGNED 12/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation & Burial
DATE THEREOF Dec 12 1949
NAME OF CEMETERY OR CREMATORY Glenwood
LOCATION (City, town, or county) (State) Was D C
DATE REC'D BY LOCAL REG. 12-9-49
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11929

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 16½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium and Hospital
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring Rural
STREET ADDRESS (If rural, give location): 11,817 Goodloe Road Viers Mill Village

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BENNIE	Edward	JANAK	Dec	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	Aug. 20, 1921	28 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Postal Clerk, US Govt. P.O. Nat'l. Airport; Schlenburg, Texas
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward F. Janak
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #2
16. SOCIAL SECURITY NO.: 458-24-6339
17. INFORMANT: Mrs. Ruth Marie Janak, wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825.5 **Immediate cause** (a) Hemorrhage due to fracture — Interval between onset and death: 16½ hrs

170c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ? Skull

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: street
(CITY OR TOWN): Silver Spring
(COUNTY): Montg.
(STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 27 49-10P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M.D.	Gaithersburg Md	12-28-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 30 1949	Arlington Nat'l Cemetery	Fort Myer, Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/29/49	Thomas Dodd	Warner E. Pumphrey	8434 Ga. Ave., Silver Spring,

VS. A15A

RECEIVED
JAN 2 1950
BUREAU V. S.

11930

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2/3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Rockville, Md

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 19XX

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1859?

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Walter Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: sudden death

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Bouchart M.D. Gaithersburg Md 12-30-XX

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/3/50 — NAME OF CEMETERY OR CREMATORY: Poplar Grove — LOCATION (City, town, or county) (State): Gaithersburg, Md

DATE REC'D BY LOCAL REG. 1/3/50 — REGISTRAR'S SIGNATURE: Louise B. Humphreys

24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville, Md

VS. A15A

RECEIVED
JAN 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11931

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Dickerson; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Dickerson; STREET ADDRESS (If rural give location) Near Dickerson

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Wesley (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 10, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Clavern Johnson

14. MOTHER'S MAIDEN NAME: Martha Carmany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Elizabeth Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Anoxemia (Thrombosis)	3 hours
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Cerebral ~~Artery~~ Vascular Accident	24 hours
	(c) Cerebral Arteriosclerosis	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous C.V.A Generalized arter Sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Dec, 1949, to 20 Dec, 1949, that I last saw the deceased alive on 19 Dec, 1949, and that death occurred at 12 20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gordon M. Smith, M.D. Barnesville, Md 20 December 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 22 Dec. 1949

NAME OF CEMETERY OR CREMATORY Mt. Middleton

LOCATION (City, town, or county) (State) Near Leesburg, Va.

DATE REC'D BY LOCAL REG. 12/21/49

REGISTRAR'S SIGNATURE Charles W. Elgin per D Se.

24. FUNERAL DIRECTOR ADDRESS Wm. B. Hilton Barnesville Md.

RECEIVED
DEC 29 1949
BUREAU P. S.

Evidence for change of age shown on:

FILM No. G 1 24 JAN 23 1950

11932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 2da. - 10 Mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Route # 2

3. NAME OF DECEASED (Type or Print): (First) Winfield (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-29-1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Dnys — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William N. Johnson, Sr.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: 5 min

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 46, to 12/23, 19 49, that I last saw the deceased alive on 12/23, 19 49, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Sandy Spring Md 12/23/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/29/49 — NAME OF CEMETERY OR CREMATORY Colesville — LOCATION (City, town, or county) Colesville (State) Md.

DATE (REC'D BY LOCAL REG.) 12-23-49 — REGISTRAR'S SIGNATURE [signature] Lawler

24. FUNERAL DIRECTOR Warner & Pumphrey, Inc. — ADDRESS

VS. A15

RECEIVED
JAN 13 1950
BUREAU V. S.

11933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural; LENGTH OF STAY (in this place): 13 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 1836 2nd Street, NW

3. NAME OF DECEASED (Type or Print): (First) Victor (Middle) Emanuel (Last) JONES

4. DATE OF DEATH: (Month) DEC (Day) 5. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-26-96

9. AGE last birthday: 52 yrs. If under 1 year: Months: 11 Days: 9 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger

10b. KIND OF BUSINESS OR INDUSTRY: State Dept

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Soloman Jones

14. MOTHER'S MAIDEN NAME: Alice M. Stubbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Brother: William A Jones 1313 Spring RD. Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Cerebral Hemorrhage with Rupture into the ventricles — 24 hrs

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Aspiration Bronchopneumonia — 10-24 hrs

83a (c) Hypertension — 3

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, Generalized — 5

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 DEC, 1949, to 5 DEC, 1949, that I last saw the deceased alive on 5 DEC, 1949, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE Wade D. Bonwell (Degree or title) ADDRESS DATE SIGNED

W.H. BO SWELL, LT, MC, USN, US Naval Hospital, Bethesda, Md 12/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 12-8-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 12/9/49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: Morrow and Woodford, 1622 11th St, NW, Washington DC

ADDRESS

RECEIVED
DEC 13 1949
BUREAU V. S.

11934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wolliff Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Luke (Middle) a (Last) Kennedy

4. DATE OF DEATH (Month) (Day) (Year) Dec. 26 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid.
8. DATE OF BIRTH Jan 8 - 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanist & Supervisor
10b. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Bayard F Kennedy

18. MEDICAL CERTIFICATION

1108 46th SE

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 21 hrs.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — years

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7, 1949, to 12-26, 1949, that I last saw the deceased alive on 12-26, 1949, and that death occurred at 11 35 p.m., from the causes and on the date stated above.

SIGNATURE John J. Rogers MD (Degree or title) ADDRESS 9681 Sutton Pl. Silver Spring Md. DATE SIGNED 12-27-49

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 12/27/49
NAME OF CEMETERY OR CREMATORY Washington, D.C.
LOCATION (City, town, or county) (State) Ft Lincoln

DATE REC'D BY LOCAL REG. 12/28/49
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Sel Funeral Home - Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11935

Reg. Dist. No. ~~XXX~~ 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 235 Rock Creek Church Road ✓

3. NAME OF DECEASED (Type or Print)	(First) Wallace	(Middle) Grover	(Last) KISTLER Sr.	4. DATE OF DEATH	(Month) DEC (Day) 6 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 12-23-96	9. AGE last birthday: 52 yrs.	If under 1 year: Months 05 Days 13; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegrapher	10b. KIND OF BUSINESS OR INDUSTRY: B&O RR	11. BIRTHPLACE (State or foreign country): Tamaqua. Pennsylvania	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Jonothan Kistler	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Son: Wallace. G. Kistler Jr. same add.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Periarteritis nodosa	6 weeks
	(c)	

456

93e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ XXXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Dec., 1949, to 6 Dec., 1949, that I last saw the deceased alive on 6 Dec., 1949, and that death occurred at 3:15 m., from the causes and on the date stated above.

SIGNATURE: F.J. Linehan Ltjg MC USN (Degree or title) ADDRESS: F.J. LINEHAN Jr, LTJG, MC, USN, NAVAL HOSPITAL, BETHESDA, MD — DATE SIGNED: 12-7-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12-9-49	NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery	LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: 12-8-49	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: S.H. Hines 2901 14th St, NW, Washington, D.C. J.L.R.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
DEC 13 1949
BUREAU V. S.

Evidence for addition of #8,9 shown on:

FILM No. G 123 JAN 11 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11936

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington — LENGTH OF STAY (in this place): 50 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 19 W. Washington St.	STREET ADDRESS (If rural, give location): 19 W. Washington St.

3. NAME OF DECEASED (Type or Print)	(First) Eva	(Middle) Chase	(Last) KUMLER	4. DATE OF DEATH	(Month) Dec. (Day) 26/49 (Year) 19
5. SEX: F.	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Feb. 11, 1871	9. AGE last birthday: 78 yrs.	If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Massachusetts	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: J. Warren Chase		14. MOTHER'S MAIDEN NAME: Mary Frances Silloway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Kelvin C. Kumler - Son			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Myocardial Insufficiency due to

420.1 Antecedent cause(s) (b) Arteriosclerosis Generalized, with

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary Focalization

INTERVAL BETWEEN ONSET AND DEATH: 1-2 months ill for 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) X	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from July, 1948, to 12/26/49, 19....., that I last saw the deceased alive on 12/25/49, 19....., and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 12/26/49 DATE SIGNED: 12/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12/29/49	NAME OF CEMETERY OR CREMATORY: Rockville Union Cem.	LOCATION (City, town, or county): Rockville (State): Maryland
DATE REC'D BY LOCAL REG.: 12-27-49	REGISTRAR'S SIGNATURE: Helen Kurvack	24. FUNERAL DIRECTOR: Robert A. Pumpeney	ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1949
BUREAU V. S.

Evidence for change in 18 shown on:

FILM No. G 12 DEC 16 1949

11937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural) LENGTH OF STAY (In this place) 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 62 New York Ave, NE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	(n)	IACOVARO	12	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	2-12-91	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shoemaker	Shoemaker	Philadelphia, Penna.	U.S.

13. FATHER'S NAME: James Lacovaro
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WWI		Son-in-law: William R. Flemming, Above address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia - Terminal	24 Hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ileus Duodenal (12/15/49 D.S.)	
	(c)	

5411.0
108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 24 OCT 49, 19..., to 3 DEC, 19 49, that I last saw the deceased alive on 3 DEC, 1949, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE J.M. Hanner (Degree or title) ADDRESS DATE SIGNED
J.M. HANNER CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md 12-6-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-6-49	Arlington Nat'l Cemetery	Arlington	VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-7-49	Elizabeth Willett	TIMOTHY HANLON 641 H.St.S.E.Wash,D.C.

VS. A15

RECEIVED
DEC 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11938

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8039 Eastern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8039 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) I. (Last) LANE

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 10, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Edw. T. McGrath, 8001 Blair Mill Rd., S.S.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremic Poisoning — Interval Between Onset and Death: 3 weeks

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
142.1 55e
(b) Carcinoma of ~~Parotid~~ Parotid area — 1 year
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Ca of Parotid -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Dec 1, 1949, that I last saw the deceased alive on Nov 30, 1949, and that death occurred at 3 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arthur E Coyne MD
ADDRESS:
DATE SIGNED: Dec 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Dec. 3, 1949
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: Dec 2, 1949
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc.
ADDRESS: 8434 Ga. Ave., Silver Spring, Md.

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11939

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4935 Cordell Ave.

3. NAME OF DECEASED (Type or Print): (First) Edward BABY (Middle) BOY Dan (Last) LAVIER
4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 12-9-49
9. AGE last birthday: 0 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours 14 / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Monty Co. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: CARLOS LAVIER
14. MOTHER'S MAIDEN NAME: JANE CRAGO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) PREMATURITY

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1949, to 12-10, 1949, that I last saw the deceased alive on 12-10, 1949, and that death occurred at 10:55A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John M. Wyman M.D. ADDRESS 7901 Wisconsin Ave Bethesda 14, Md. DATE SIGNED 12-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE 1/11/50 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 1-11-50 — REGISTRAR'S SIGNATURE Helen Burnett — 24. FUNERAL DIRECTOR Robert A. Humphreys — ADDRESS Bethesda, Md.

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11940

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CLARKSBURG
LENGTH OF STAY (in this place): 45 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CLARKSBURG
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENSON (Last) LEAMAN

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: AUG 1, 1861

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER - RURAL MAIL CARRIER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEELSVILLE, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RICHARD ALLEN LEAMAN

14. MOTHER'S MAIDEN NAME: HARRIET SIBLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: JEANETTE LEAMAN - CLARKSBURG, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
260	Immediate cause	(a) ACUTE MYOCARDIAL FAILURE { WITH PULMONARY EDEMA	12 hrs.
	Antecedent cause(s)	DIABETES MELLITUS, RT. HEMIPLEGIA	8 YRS.
53	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) FROM CEREBRAL HEMORRHAGE, ARTERIOSCLEROTIC -	
		(c) HEART DISEASE.	10 YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PROSTATIC HYPERTROPHY & URINARY RETENTION — 3 MO.
SKIN CARCINOMA OF NECK — 10 YRS.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1949, to DEC., 1949, that I last saw the deceased alive on DEC 20, 1949, and that death occurred at 8:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralph L. Nicholson, M.D.

ADDRESS: Damascus, Md

DATE SIGNED: Dec 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12/22/49

NAME OF CEMETERY OR CREMATORY: Methodist

LOCATION (City, town, or county) (State): Clarksburg, Md.

DATE REC'D BY LOCAL REG.: 12/21/49

REGISTRAR'S SIGNATURE: Mrs. C. C. Hilton
By Mrs. W. B. H.

24. FUNERAL DIRECTOR: Wm. B. Hilton

ADDRESS: Barnesville Md.

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11941

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - OLNEY
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3 Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - OLNEY
STREET ADDRESS (If rural give location) RFD # 3 Rockville

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	LEIZEAR	Dec.	29.	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	Wh.	Married	Nov. 18, 1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Jefferson Groomes
14. MOTHER'S MAIDEN NAME: Caroline Rebecca Howes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Nettie E. Leizear

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	immediate.
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.	—	—

22. I hereby certify that I attended the deceased from Sept., 1948, to Dec., 1949, that I last saw the deceased alive on Dec. 29, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard A. Yates	M.D.	RFD # 1 Silver Spring, Md.	12/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 1. 1950	St Johns Olney	Montgomery	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 31-49	Gertrude B Lawler	Wm H Barber	Ashtonville

RECEIVED
JAN 11 1950
BUREAU U. S.

11942

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 276

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.	STREET ADDRESS (If rural, give location) Kenwood Club

3. NAME OF DECEASED (Type or Print)	(First) Kathryn	(Middle) A.	(Last) Leyden	4. DATE OF DEATH (Month) Dec. (Day) 4, (Year) 1949
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 2, 1887	9. AGE last birthday 62 yrs. If under 1 year Months 7 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Club housekeeper & asst. mgr.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Castlerea, Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Tighe		14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 058-18-1060	17. INFORMANT AND ADDRESS Edward J. Leyden		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, congestive heart failure.

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Dec 4, 1949, that I last saw the deceased alive on Dec 4, 1949, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
N. Joseph P. Kenrick		7942 Wisconsin Ave, Bethesda, Md	12/4/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial- Transit	12/7/49	Gate of Heaven	Weschester Co,. New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-5-49	Helen Hurvach	Robert A. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11943

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
County MONTGOMERY
City or town Glen Echo
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 12 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County MONTGOMERY
City or town Glen Echo
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5002-SARATOGA AVE. N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: JUNE CLAY LOCKE

3.(b) Social Security Number: 577-34-5887

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	W	MARRIED

6.(b) Name of husband or wife: MARY J. LOCKE
6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.): SEPTEMBER 12, 1874

8. AGE: Years	Months	Days	If less than one day
75	3		hrs. min.

9. Birthplace: READING Penn.
(Town, county, and state)
10. Usual occupation: CONDUCTOR (CAPITOL TRANSIT
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Mary J. Locke Wife.
Address Same

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28-1949 (month) (day) (year)
Cemetery or crematory Grace Church Cemetery
Location Middleway, West Virginia
18. Funeral director William J. Nalley
Address 3200-Rhode Island Ave. Mt. Rainier Md.
19. 12-26-49 19 (Date rec'd by registrar) Helen Kurvach Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25. 19 49 at 845 P. M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 24. 19 49 to Dec 25 19 49
and that I last saw h. alive on Dec. 25. 19 49

Immediate cause of death	Cerebral Hemorrhage	DURATION 3 days
Due to	Arteriosclerotic heart disease.	years ??
Due to	Hypertension	
Other conditions		

420.0
93d
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. P. Ryland M.D.
M. D. or other
Address 4901 Mass. Ave NW. Washington 16, D.C. Date signed 12-25-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 28 1949
BUREAU V. S.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11944

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 - POPLAR

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 1661 PARK RD. N. W.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) M. (Last) LYNCH

4. DATE OF DEATH (Month) 12 (Day) 8 (Year) 1949

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 7/27/88

9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK

10b. KIND OF BUSINESS OR INDUSTRY U.S. GOV'T.

11. BIRTHPLACE (State or foreign country) MASS.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN LYNCH

14. MOTHER'S MAIDEN NAME CATHERINE O'BRIEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT WIFE ~~JOSEPHINE ROTH (SISTER~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of spine

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

196
55b

INTERVAL BETWEEN ONSET AND DEATH 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~Secondary anemia~~ Malnutrition

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 7 Dec, 1949, that I last saw the deceased alive on 7 Dec, 1949 and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 35 McAuliffe St. Washington 8 Dec 49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 12/12/49 NAME OF CEMETERY OR CREMATORY Mt Olivet Com LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 12/8/49 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Francis J Collins ADDRESS 3821-14th St N.W. Wash. D.C.

RECEIVED
DEC 13 1949
BUREAU V. S.

11945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH · COUNTY: Montgomery · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park · LENGTH OF STAY (in this place): 2 mo. 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. & Hosp.	STREET ADDRESS (If rural, give location): 804 Richmond Ave

3. NAME OF DECEASED (Type or Print)	(First) Lula	(Middle) Estelle	(Last) Maddox	4. DATE OF DEATH (Month) December (Day) 12 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: Cauc.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 1888	9. AGE last birthday: 61 yrs. · If under 1 year: Months / Days · If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Edgar Ballenger		14. MOTHER'S MAIDEN NAME: Dorcas Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary edema	1 hour 5 11 pm
Antecedent cause(s)	(b) Metastatic Ca. of pelvis	3 months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of Rectum	6 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	bilateral hydronephrosis	One month

154

46d

19a. DATE OF OPERATION: June 17, 1949	19b. MAJOR FINDINGS OF OPERATION: Ca of Rectum	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to Dec 12, 1949, that I last saw the deceased alive on Dec 12, 1949, and that death occurred at 5 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur E Coyne	M.D.	Takoma Park Md	12-13-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: 12/15/49	NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem	LOCATION (City, town, or county): Pr Georges Co. (State): Md
DATE REC'D BY LOCAL REG.: 12/13/49	REGISTRAR'S SIGNATURE: J. Adam Dodd	24. FUNERAL DIRECTOR: S. H. Hines Co.	ADDRESS: 2901 14th N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11946

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1110 Wayne Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (If rural, give location) 1110 Wayne Ave.

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) (Last) Marcellino

4. DATE OF DEATH (Month) Dec. (Day) 15 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) MARRIED

8. DATE OF BIRTH APR. 25, 1875

9. AGE last birthday 74 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE REPAIRMAN - RETIRED

10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS

11. BIRTHPLACE (State or foreign country) Termini Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FRANK Marcellino

14. MOTHER'S MAIDEN NAME Ignashia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. Joseph F. Marcellino

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.1 **Immediate cause** (a) Acute myocardial Infarction

Antecedent cause(s)

92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Arteriosclerosis

(c) Calcareous Aortic Stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1943 to Dec 15, 1949, that I last saw the deceased alive on Dec 14, 1949, and that death occurred at 8 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin Manchester M.D. ADDRESS 3202 16 st., nw. Wash. DC. DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) BURIAL | DATE DEC. 19, 1949 | NAME OF CEMETERY ~~OR CREMATORY~~ Mount Olivet Cemetery | LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 12/16/49 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR W.W. Chambers Co. | ADDRESS Wash, D.C.

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11947

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 8 hrs 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Inc

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKDALE
STREET ADDRESS (If rural, give location) RFD # 3 Rockville

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Bruce (Last) MARTIN

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 9 - 1949

9. AGE last birthday: yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours 8 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland (U.S.A.)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Clifton MARTIN

14. MOTHER'S MAIDEN NAME: Elizabeth Hilliard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Oscar Clifton MARTIN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis — 8 hours

762.5 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9, 1949, to 12/10, 1949, that I last saw the deceased alive on 12/10, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Richard A. Yates M.D. RFD # 1 Silver Spring Md 12/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 12/11/49 — NAME OF CEMETERY OR CREMATORY Salem — LOCATION (City, town, or county) Brookville — (State) Md

DATE REC'D BY LOCAL REG. 12-10-49 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Roy W. Barber — ADDRESS Laytonsville Md

RECEIVED
DEC 29 1949
BUREAU V. S.

14948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 1 hr 15min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 8007 Georgia Avenue, NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Wallace	McCarthy	12-31-49 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Unknown	12-11-95	54 yrs.	0	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Maine	US

13. FATHER'S NAME: John W. McCarthy
14. MOTHER'S MAIDEN NAME: Anne Coughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	WWI		Veterans Administration, Wsh. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	unknown
443 Antecedent cause(s)		"
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial failure due to	
	(c) Hypertensive cardiovascular Ds.	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 31 DEC., 1949, to 31 DEC., 1949, that I last saw the deceased alive on 31 DEC., 1949, and that death occurred at 5:35A m., from the causes and on the date stated above.

SIGNATURE W. F. Queen — (Degree or title) W.F. QUEEN, CDR, MC, USN — ADDRESS U. S. Naval Hospital, Bethesda, Md — DATE SIGNED 1-4-50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1-7-50		Lewiston, Maine

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-4-50	Elizabeth, Willett	W.W. Chambers, 1400 Chapin St., NW Washington, D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 5 1950
BUREAU V. S.

11949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 11 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4849 Rodman Street, NW, ✓

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Goodsell (Last) McCORMACK Jr.
4. DATE OF DEATH (Month) (Day) (Year) 12-24-49 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1-29-26
9. AGE last birthday 23 yrs. If under 1 year Months 10 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Student)
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles G. McCormack Sr
14. MOTHER'S MAIDEN NAME Cornelia Worthington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) 1948
16. SOCIAL SECURITY NO.
17. INFORMANT Father: Charles McCormack, same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
971.6 Immediate cause	(a) Arsenic poisoning (Rough on rats)	16 hrs
163a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mercuric phenol acetate (zotox) poisoning	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia precox — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-24-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-28-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 12-26-49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR W.W. CHAMBERS, 1400 Chapin St, NW Washington, D.C. ADDRESS W. H. Howard

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 28 1949
BUREAU V. S.

M

11950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 30 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital	STREET ADDRESS (If rural, give location): 3060 16th Street N.W. Kenesaw Apts

3. NAME OF DECEASED (Type or Print)	(First) Chester	(Middle) Ellwood	(Last) McGowan	4. DATE OF DEATH	(Month) December (Day) 2 (Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower	8. DATE OF BIRTH: 1-1-1875	9. AGE last birthday: 74 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer - Retired	10b. KIND OF BUSINESS OR INDUSTRY: Binswanger & Co. of Tenn.	11. BIRTHPLACE (State or foreign country): Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME: David F. McGowan	14. MOTHER'S MAIDEN NAME: Ida Miller				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Chester Ellwood McGowan 3060 16th Street N.W. Kenesaw Apts. Wash. D.C.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ruptured Abdominal Aneurysm	10 hours
450.0 Antecedent cause(s)		
96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	—
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-, 1949, to 12-2, 1949, that I last saw the deceased alive on 12-2, 1949, and that death occurred at 7 30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur E Coyne	MD	Takoma Park Md	12-2-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: 12/5/49	NAME OF CEMETERY OR CREMATORY: Congressional Cem	LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: 12/3/49	REGISTRAR'S SIGNATURE: J. Wilson Dodd	24. FUNERAL DIRECTOR: Wasther Funeral Home	ADDRESS: 301 E. Capitol Wash. D.C.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11951

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2958 Northampton St NW

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Marrin (Last) Meiring

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1949

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 11, 1869

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrisburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James Martin

14. MOTHER'S MAIDEN NAME: Mary Ellen Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary Ellen Gillette - daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized abdominal

199.1 Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) adenocarcinomatosis — ?

(c) — about 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13, 1949, to 12-3, 1949, that I last saw the deceased alive on 12-2, 1949, and that death occurred at 11:14 A.m., from the causes and on the date stated above.

SIGNATURE: Paul V. Starr, M.D. (Degree or title) ADDRESS: Takoma Park, Md. DATE SIGNED: 12-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 12/6/49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem — LOCATION (City, town, or county): Frederick Co. (State): Md.

DATE REC'D BY LOCAL REG.: 12/3/49 — REGISTRAR'S SIGNATURE: J. Walton Dodd

24. FUNERAL DIRECTOR: The S. H. Sines Co. — ADDRESS: 2901-14th St. N.W. Wash. D.C.

VS. A15

RECEIVED
DEC 7 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11952

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural | LENGTH OF STAY (in this place): 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Worton
STREET ADDRESS (If rural, give location): Flower Grove Farm ✓

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Gwathmey (Last) MERRITT Sr

4. DATE OF DEATH: (Month) DEC (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-2-83

9. AGE last birthday: 66 yrs. | If under 1 year: Months 6, Days 4, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Valuation Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U S Govt

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Alfred Merritt

14. MOTHER'S MAIDEN NAME: Emma Henrietta Wickes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Son: Robert G Merritt Jr
3305 Woodley Road NW, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction, Myocardium — Interval between onset and death: 2 WKS

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Coronary Arteries — UNKNown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 NOV., 1949, to 6 DEC., 1949, that I last saw the deceased alive on 6 DEC., 1949, and that death occurred at 8:00 Am., from the causes and on the date stated above.

SIGNATURE W.F. Queen (Degree or title) — ADDRESS: W.F. QUEEN, CDR, MC, USN, US Naval Hospital, Bethesda. Md — DATE SIGNED: 12-7-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE: 12-8-49 | NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery | LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG.: 12-8-49 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers, 1400 Chapin St, NW Washington, D.C.

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11953

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING
is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A4b

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 11 To years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9905 Old Bladensburg Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9905 Old Bladensburg Rd.

3. NAME OF DECEASED (Type or Print): (First) EMMA (Middle) LOUISE (Last) MESSENGER

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 11 1865

9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Own Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ALFRED VAN HORN

14. MOTHER'S MAIDEN NAME: Eliza J. Hamilton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS HENRY HARDENBERGER 9905 Old Bladensburg Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia - Hypostatic	1 day.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of rt. femur	Nov 4 1949
	(c) Senility	

904.0
186a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 9 1949

19b. MAJOR FINDINGS OF OPERATION: Spiral fracture upper third of femur

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN): Silver Spring (COUNTY): Montgomery (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 4 1949 10:20 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?: Fall. -

22. I hereby certify that I attended the deceased from Nov 4, 1949, to Dec 18, 1949, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 11:23 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. W. Mitchell, M.D. ADDRESS: DATE SIGNED: Dec 18-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Dec. 19, 1949	Fort Lincoln Crematory	Bladensburg Rd, Pr.Geo.Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 19/49	Frances Potter	Warner L. Pumphrey	8434 Ga. Ave., Silver Spring, Md.

RECEIVED
DEC 22 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11954

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA SUBURBAN HOSPITAL
LENGTH OF STAY (in this place) 45 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Garrett Pk.~~, Derwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Frances Nealis Miller

4. DATE OF DEATH (Month) (Day) (Year) December 7 1949

5. SEX Female
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 2, 1932
9. AGE last birthday 17 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Garrett Pk., Park Md.
12. CITIZEN OF WHAT COUNTRY? 2nd R

13. FATHER'S NAME James Nealis
14. MOTHER'S MAIDEN NAME Edna Lowry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 2nd
17. INFORMANT AND ADDRESS Adrom Miller husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ANEMIA AND MALNUTRITION	TWO WEEKS
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ACUTE LYMPHATIC LEUKEMIA	3 MONTHS
	(c)	

204.0

74a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1949, to DEC 7, 1949, that I last saw the deceased alive on DEC 5, 1949, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE G S Rosenberger (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 12/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Dec 10-1949 NAME OF CEMETERY OR CREMATORY St Lukes LOCATION (City, town, or county) Redland Md (State)

DATE REC'D BY LOCAL REG. 12-9-49 REGISTRAR'S SIGNATURE Helen Kurvack 24. FUNERAL DIRECTOR Roy W. Barber Laytonsville Md ADDRESS

RECEIVED
DEC 12 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11955

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda LENGTH OF STAY (In this place): Dead on arrival	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd.	STREET ADDRESS (If rural, give location): 2514 Lindell St.

3. NAME OF DECEASED (Type or Print)	(First) Wayne	(Middle) Archie	(Last) Moss	4. DATE OF DEATH	(Month) Dec.	(Day) 22	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: May 29, 1949	9. AGE last birthday: yrs.	If under 1 year: Months 6 Days 23	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Bethesda, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Arch Hampton Moss	14. MOTHER'S MAIDEN NAME: Roberta Creed						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Mr. Arch N. Moss-2514 Lindell St., Silver Spring, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) asphyxia - aspirated vomitus

500 Antecedent cause(s)

195d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute tracheo-bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓	19b. MAJOR FINDINGS OF OPERATION: ✓	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1949, to 12/22, 1949, that I last saw the deceased alive on 12/17, 1949, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Patrick C. Jameson	M.D.	11602 Grove Silver Spring	12/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/24/49	Rockville Union Cem.	Rockville	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-23-49	Helen Kurvack	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11956

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (In this place) 23 da. 16 hr. 25 m.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Olney

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) Wm. Henry; (Middle); (Last) Mullican

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-17-1873

9. AGE last birthday: 76 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Josiah Mullican

14. MOTHER'S MAIDEN NAME: Acquila Cordelia Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs Virgie L. Burriss (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular hemorrhage	4 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	10 yrs
	(c)	

443 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 19 49, to 26 Dec., 19 49, that I last saw the deceased alive on 26 Dec., 19 49, and that death occurred at 4:55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. D. Bonifant	M. D.	Sandy Spring, Md.	26 Dec. 1949

23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF 12-30-49 | NAME OF CEMETERY OR CREMATORY Calvaville Cem. | LOCATION (City, town, or county) (State) Calvaville, Md

DATE REC'D BY LOCAL REG. 12-26-49 | REGISTRAR'S SIGNATURE Gertrude B. Lawler | 24. FUNERAL DIRECTOR ADDRESS W. H. Chambers Co. Riverdale, Md.

RECEIVED
JAN 11 1950
BUREAU V. S.

11957

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.	STREET ADDRESS (If rural, give location) 111 Saul Rd.

3. NAME OF DECEASED (Type or Print)	(First) Alexandra	(Middle) W.	(Last) Nummela	4. DATE OF DEATH	(Month) Dec	(Day) 10	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH May 5, 1875	9. AGE last birthday 74 yrs.	If under 1 year Months 7	Days 5	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Finland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Jeremiah Varis	14. MOTHER'S MAIDEN NAME Anna C. Makkonen						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion with septal myocardial infarction — 6 days

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease with arteriosclerosis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2 Dec, 1949, to Dec 10, 1949, that I last saw the deceased alive on 10 Dec, 1949, and that death occurred at 10 00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stewart Wapp	M. D.	3921 Ingomar St Wash. D.C.	Dec 10 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial - Transit	Dec. 11, 1949	Lutheran Brotherhood	Aberdeen, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-11-49	Helen Kurvack	Robert A. Pumphrey	Bethesda, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11958

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 109 Rodney Road, Hillandale

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) L. (Last) Nyce

4. DATE OF DEATH: (Month) 12 (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 28, 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Johnson Leckie

14. MOTHER'S MAIDEN NAME: Margaret Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Margaret Bergk (daughter) 109 Rodney Rd Hillandale S.S. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rupture of posterior supervian wall of left ventricle	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 430.1 93d	(b) Coronary thrombosis of left circumflex artery; acute myocardial infarction	14 days
	(c) Hypertension and Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1949, to Dec. 7, 1949, that I last saw the deceased alive on Dec. 7, 1949, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leslie K. Meade M.D. Takoma Park 12, Md. 12-7-49

23. BURIAL / CREMATION / REMOVAL (Specify) DATE 12/10/49 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Prince Georges Co. (State) Md.

DATE REC'D BY LOCAL REG. 12/7/49 REGISTRAR'S SIGNATURE J. Walton Dodd

24. FUNERAL DIRECTOR S. H. Heiner ADDRESS 2901-14th St NW Wash. D.C.

RECEIVED
DEC 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11359

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2311 Connecticut Ave. N.W.

3. NAME OF DECEASED (Type or Print): (First) Axel (Middle) "H" (Last) OXHOLM

4. DATE OF DEATH: (Month) DEC (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-16-91

9. AGE last birthday: 58 yrs. If under 1 year: Months 1, Days 23, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Department Commerce

10b. KIND OF BUSINESS OR INDUSTRY: U S Govt

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nils Oxholm

Norway

14. MOTHER'S MAIDEN NAME: Adelaide Hansteen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWII

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Margit Oxholm, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction, Myocardium — Interval between onset and death: 6 Hrs.

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 DEC, 1949, to 9, DEC, 1949, that I last saw the deceased alive on 9, DEC, 1949, and that death occurred at 11:50 A m., from the causes and on the date stated above.

SIGNATURE: W.F. Queen (Degree or title) ADDRESS: W.F. QUEEN, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED: 12-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: 12/12/49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 12/12/49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: Joseph Gawler, 1756 Pennsylvania Ave Washington, DC

Ralph Hicks #169 N.W.

RECEIVED
DEC 13 1949
BUREAU V. S.

11969

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Illinois — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverton
STREET ADDRESS (If rural give location): Not available

3. NAME OF DECEASED (Type or Print): (First) Jack (Middle) Collins (Last) PARSONS

4. DATE OF DEATH: (Month) 12-22-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 8-14-19

9. AGE last birthday: 30 yrs. If under 1 year: Months 4 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas station attendant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph H. Parsons

14. MOTHER'S MAIDEN NAME: Emma Fargo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.:

17. INFORMANT: 6909 Baltimore BLV. Brother, Dale Parsons, College Park. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral edema	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Contusion	7 days
	(c)	

825.5
170 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway
(CITY OR TOWN): Hyattsville (COUNTY): P.G. (STATE): md
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 15 49 1.45 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broccard (Degree or title): M.D. ADDRESS: Gaithersburg md DATE SIGNED: 12-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 12-23-49
NAME OF CEMETERY OR CREMATORY: National Cemetery
LOCATION (City, town, or county) (State): Camp Butler, Springfield Illinois

DATE REC'D BY LOCAL REG.: 12/26/49
REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. Chambers, 5801 Cleveland Ave ADDRESS: Riverdale, Maryland

VS. A15A

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DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11961

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 912 Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 912 Carroll Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARA.	B.	PEASE	12	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Oct. 12, 1856	93. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Postal Clerk & Housewife	Retired	Blue Earth County, Minn.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		—	Mrs. Elizabeth M. Stilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the Stomach	9 mos
151 Antecedent cause(s)		
46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1939, to Dec 10, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 5:05 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Horace F. Custer	MD	1852 Col. Rd. NW. D.C. 9	12/10/49

23. BURIAL, CREMATION, REMOVAL. (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 12, 1949	Ger. Wash. Mem. Cemetery	Hyattsville,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/10/49	J. Holton Dodd	J. Arthur Walters,	254 Carroll St. NW D.C.

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DEC 13 1949
BUREAU V. S.

11962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7111 Clarendon Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Nassau
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellmore
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) E. (Last) Pollak
4. DATE OF DEATH (Month) 12 (Day) 1 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 21, 1873
9. AGE last birthday 76 yrs. If under 1 year: Months 1, Days 10; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Work
14. MOTHER'S MAIDEN NAME Katie Harrold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Jas S. Albertson-7111 Clarendon Rd., Bethesda, Md. (daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444 Immediate cause (a) Cardiac Failure

Antecedent cause(s)

102 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1949, to 12-1, 1949, that I last saw the deceased alive on 12-1, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE John M. Wiggins (Degree or title) ADDRESS DATE SIGNED 12 2 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE 12/2/49
NAME OF CEMETERY OR CREMATORY Bellmore Cemetery
LOCATION (City, town, or county) Bellmore (State) N. Y.

DATE REC'D BY LOCAL REG. 12-2-49
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11963

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 15 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 808 Thayer Ave.

3. NAME OF DECEASED (Type or Print): (First) Mrs. Winifred (Middle) (Last) Porter

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 1, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months 8, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Auburn, Nova Scotia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stephen Taylor

14. MOTHER'S MAIDEN NAME: Jamie Fullerton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: self-

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive failure due to

Antecedent cause(s) Arteriosclerosis H. D. 163

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C A & Lungs 472

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Albert L. Managan M.D. Suburban Hospital Bethesda. 12-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Dec 29, 1949

NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery

LOCATION (City, town, or county) (State): Alexandria Va

DATE REC'D BY LOCAL REG. 12-29-49

REGISTRAR'S SIGNATURE: Helen Kenneck

24. FUNERAL DIRECTOR ADDRESS: J. A. Walter, 254 Carroll St. NW D.C.

VS. A15

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BUREAU V. S.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11964

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6306 Beechwood Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee COUNTY Hawkins
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Franklin (Last) Powel

4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Nov. 12, 1857

9. AGE last birthday 92 yrs. If under 1 year: Months 1, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Attorney

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Powel

14. MOTHER'S MAIDEN NAME Mary Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Samuel F. Powel, Jr. - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial decompensation, acute	24 hrs.
Antecedent cause(s)	(b) Myocardial degeneration	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, generalized, advanced	2 yrs.

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to 26 Dec, 1949, that I last saw the deceased alive on 25 Dec, 1949, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE Stewart Clapp (Degree or title) M. D. ADDRESS 3921 Ingomar St. N.W. Wash. 15 D.C. DATE SIGNED 26 Dec '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit DATE 12/27/49 NAME OF CEMETERY OR CREMATORY Old School Cemetery LOCATION (City, town, or county) Rogersville (State) Tenn.

DATE REC'D BY LOCAL REG. 12-27-49 REGISTRAR'S SIGNATURE Helen Kurvack

24. FUNERAL DIRECTOR Vincent A. Humphrey ADDRESS Bethesda, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11965

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cabin John
LENGTH OF STAY (in this place): 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8th St.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Echo
STREET ADDRESS (If rural, give location): 8th St.

3. NAME OF DECEASED (Type or Print): (First) Susannah (Middle) (Last) Pyles

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 26, 1881

9. AGE last birthday: 68 yrs. — If under 1 year: Months 4, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Schrider

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Lewis A. Wehrle - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instantaneous

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

9th a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Boerhaat M.D. — Gaithersburg Md — 12-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/16/49

NAME OF CEMETERY OR CREMATORY: Congressional Cemetery

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 12-14-49

REGISTRAR'S SIGNATURE: Helen Kurvach

24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

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DATE OF BIRTH: army disch. filmed G122 12-22-49 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11966

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3436 Belair Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) RADER

4. DATE OF DEATH: (Month) DEC (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-28-01

9. AGE last birthday: 48 yrs. If under 1 year: Months 6 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not Known

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Augusta Rader

14. MOTHER'S MAIDEN NAME: Emma Bollinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Self from admission ticket

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443
93d

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Nov, 1949 to 3 Dec, 1949, that I last saw the deceased alive on 3 Dec, 1949, and that death occurred at 4:35 A m., from the causes and on the date stated above.

SIGNATURE: W. F. Queen (Degree or title) ADDRESS: W.F. QUEEN, CDR, MC, USN, U S NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED: 12-7-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/8/49 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 12-8-49 | REGISTRAR'S SIGNATURE: Elizabeth Willet

24. FUNERAL DIRECTOR: Ullrich Funeral Home, 2008 Orleans Street, Baltimore, Maryland ADDRESS: John Ullrich

RECEIVED
DEC 9 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

11967

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1716 Hobart St.

3. NAME OF DECEASED (Type or Print) (First) Max (Middle) Jacob (Last) Raine
4. DATE OF DEATH (Month) Dec. (Day) 30 (Year) 1949
5. SEX M.
6. COLOR OR RACE Hebrew
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH unknown
9. AGE last birthday approx 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Rumania
12. CITIZEN OF WHAT COUNTRY? America, U.S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. 577-10-2614
17. INFORMANT AND ADDRESS Julian H. Cohn. 2745-29 st N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Cardiac failure	Terminal
331 Antecedent cause(s)	(b) Cerebral Hemorrhage	5 hrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) arteriosclerosis & hyperlension	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1949, to 12-30, 1949, that I last saw the deceased alive on 12-30, 1949, and that death occurred at 5:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Hare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 12/31/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Jan. 1-1950 NAME OF CEMETERY OR CREMATORY Northwest Oracle Cem. Capitol Heights, Md. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12/31/49 REGISTRAR'S SIGNATURE J. Wm Dodd 24. FUNERAL DIRECTOR B. Danzansky, 3501-14th NW Wash. D.C. ADDRESS

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215 — 11968

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5306 Worthington Drive, NW

3. NAME OF DECEASED (Type or Print): (First) Isaac (Middle) Stockton Keith (Last) REEVES III

4. DATE OF DEATH: (Month) 12-19-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-20-81

9. AGE last birthday: 68 yrs. — If under 1 year: Months: 0, Days: 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Officer(MC)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navay

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Isaac S.K.Reeves II

14. MOTHER'S MAIDEN NAME: Henrietta Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Lucy.V.Reeves, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leukemia (unclassified) — Interval between onset and death: 1 year

Antecedent cause(s)

204.4

74a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) (1) Pulmonary infarcts bilateral. — 3 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (2) Bronchopneumonia — 3 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 28, 1949, to DEC. 19, 1949, that I last saw the deceased alive on DEC. 19, 1949, and that death occurred at 5:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T.E. Jarrett — ADDRESS: T.E. JARRETT, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 12/21/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 12/22/49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Vurginia

DATE REC'D BY LOCAL REG.: 12/21/49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: Joseph Gawler, 1756 Pennsylvania Avenue, NW, Washington, D.C.

3621

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11969

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring Md.
STREET ADDRESS (If rural, give location): 718 Richmond Ave.

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) David (Last) Reidy

4. DATE OF DEATH: (Month) 12 (Dey) 2 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 30. 1876

9. AGE last birthday: 73 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: David Reidy.

14. MOTHER'S MAIDEN NAME: Mary Sheehan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Michale Joseph Reidy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Disease	3 weeks
260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Diabetes Mellitus	10 years?
	(c) Cardiovascular Renal Disease	5 years?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Dey) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Dec. 2, 1949, that I last saw the deceased alive on Nov. 1, 1949, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dewey M. Crouse M.D. 1977 N Cap St Washington D. C.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/5/49
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG.: Dec 1949
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Walsh Funeral Home
ADDRESS: 741-11th St. S. E. Washington D. C.

RECEIVED
DEC 9 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11970

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Gladys (Middle) Louise (Last) Rhodes

4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 23, 1910

9. AGE last birthday: 39 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hancock, Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sheldon Jordan

14. MOTHER'S MAIDEN NAME: S. A. unknown Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Edmund H. Rhodes, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized carcinomatosis	1 year.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypernephroma, right kidney	1 year.
	(c)	

180

52 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 7, 1947, to December 17, 1949, that I last saw the deceased alive on December 17, 1949, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE James P. Kerr (Degree or title) M. D. ADDRESS Damascus, Md. DATE SIGNED December 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Dec. 20 1949
NAME OF CEMETERY OR CREMATORY: St. Michael's Church
LOCATION (City, town, or county) (State): Poplar Springs, Md.

DATE REC'D BY LOCAL REG. Dec. 18, 49
REGISTRAR'S SIGNATURE Della M. Burdette
24. FUNERAL DIRECTOR: Olin L. Molesworth
ADDRESS: Damascus, Md.

RECEIVED
DEC 22 1949
BUREAU V. S.

11971

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~XX~~ 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Glen Echo Heights. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years.

Hospital, institution, or street address where death occurred: 6914 Waukasha Rd.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Glen Echo Heights. (If outside city or town limits, write RURAL and give nearest town)

Street No. 6914 Waukasha Rd. (If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME Dorothy Edwards Rinehart

3.(b) Social Security Number —

4. Sex: F.

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: M.

6.(b) Name of husband or wife: Wilson Rinehart.

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): ~~12/4/1905~~ 5/15/1906

8. AGE: Years 43 | Months 7 | Days 15 | If less than one day — hrs. — min.

9. Birthplace: Whitman, Massachusetts (Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business: —

FATHER
12. Name: Orville Edwards
13. Birthplace: Wilmington, Del.

MOTHER
14. Maiden name: Rebecca Lovell
15. Birthplace: Wilmington, Del.

16. Informant: Husband.

Address: Above.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 3 1950 (month) (day) (year)

Cemetery or crematory: Ft. Lincoln Cem.

Location: Bladensburg, Md.

18. Funeral director: The S. H. Hines Co.

Address: 2901-14 St. N.W. Wash. D.C.

19. 12-30-49 19 (Date rec'd by registrar) Helen Kurnack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/30/ 1949 at 11:32 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/3/ 1949 to 12/29/ 1949 and that I last saw her alive on 12/29/ 1949

Immediate cause of death: Heart failure — DURATION

Due to: Pleural effusion — 4+ mos.

Due to: Metastatic carcinoma — 2+ yrs.
Carcinoma - right breast — 2+ yrs.

Other conditions: —

170
50 (Include pregnancy within 3 months of death)

Major findings of operations: Primary carcinoma - rt breast
Metastases - regional nodes Date of op. 11/27?/47

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Earle B. Thompson MD M. D. or other

Address: 1328 Eye St. NW Wash. DC Date signed 12/30/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 3 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11972

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 6703 Fairfax Road

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) Leeroy (Last) ROBINSON

4. DATE OF DEATH: (Month) 12-31-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-4-1877

9. AGE last birthday: 72 yrs. If under 1 year: Months: 11 Days: 27 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired CWO

10b. KIND OF BUSINESS OR INDUSTRY: U.S.M.C.

11. BIRTHPLACE (State or foreign country): Monroe Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Robinson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SA/WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Beulah Robinson, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis, Coronary Artery — Interval between onset and death: 25 days

420.1 Antecedent cause(s)

9da Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis, Chronic with Calculus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 DEC, 1949, to 31 DEC, 1949, that I last saw the deceased alive on 31 DEC, 1949, and that death occurred at 6:38A m., from the causes and on the date stated above.

SIGNATURE: W.A. Dinsmore Jr (Degree or title) W.A. DINSMORE, Jr, LCDR, MC, USN

ADDRESS: U. S. Naval Hospital, Bethesda, Md.

DATE SIGNED: 1-3-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: January 4, 50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 1-4-50

REGISTRAR'S SIGNATURE: Elizabeth Willett — Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Joseph Gawler, Sons, 1756 Pennsylvania Ave, NwW Wshington, DC Arlin

RECEIVED
JAN 5 1950
BUREAU V. S.

11973

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [redacted]

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 21 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 1341 Perry Place, N.W. ✓

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) (n)	(Last) ROBINSON	4. DATE OF DEATH	(Month) 12-28-49 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 3-15-92	9. AGE last birthday: 57 yrs.	If under 1 year: Months 9, Days 13; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Clarence Robinson		14. MOTHER'S MAIDEN NAME: Not known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW1	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Wife: Susie Robinson, same address			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolism	15-20 mins
151 Antecedent cause(s)		
46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma Stomach	1 yr+
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Dec, 1949, to 28 Dec, 1949, that I last saw the deceased alive on 28 Dec, 1949, and that death occurred at 8:10A m., from the causes and on the date stated above.

SIGNATURE: J.M. Hanner (Degree or title) J.M. HANNER, CDR, MC, USN — ADDRESS: U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 12-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1-3-50	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 12/30/49	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.E. Jarvis, 1432 U Street, N.W. Washington, D.C.	ADDRESS: L H

PLEASE WRITE PLAINLY is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 2 1950
U. S.

11974

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2709 Sherman Ave. NW ✓

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Douglas (Last) ROBINSON

4. DATE OF DEATH: (Month) DEC (Day) 11, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 9-23-93

9. AGE last birthday: 56 yrs. If under 1 year: Months 2, Days 18, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butler

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jeff Stubbs Robinson

14. MOTHER'S MAIDEN NAME: Harriet Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 2415 Tilden Ave
Brother: Jeff Robinson, Brooklyn, N Y

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease — unKnown

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4, DEC 19.49, to 11 DEC, 19.49, that I last saw the deceased alive on 11 DEC., 19.49, and that death occurred at 1:40P m., from the causes and on the date stated above.

SIGNATURE: W. F. Queen (Degree or title) ADDRESS: W.F. QUEEN, CDR, MC, USN, US Naval Hospital, Bethesda, Md DATE SIGNED: 12/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 12-12-49
NAME OF CEMETERY OR CREMATORY: Bthel Cemetery
LOCATION (City, town, or county) (State): Gloucester, Virginia

DATE REC'D BY LOCAL REG.: 12/12/49
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS: T.J.HOWARD, Ark, Virginia

T. J. Howard

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11975

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 5dy
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 904 Crittenden Street, NW, √

3. NAME OF DECEASED (Type or Print): (First) Hyman (Middle) (n) (Last) ROSENTHAL

4. DATE OF DEATH: (Month) DEC (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-14-98

9. AGE last birthday: 51 yrs. If under 1 year: Months 4, Days 24, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Window dresser

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Rosenthal

14. MOTHER'S MAIDEN NAME: Anna Brower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife: Celia Rosenthal, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHO-PNEUMONIA	72 hrs
Antecedent cause(s)	(b) BRAIN TUMOR (MENINGEAL SARCOMA)	4 Mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

193 sill

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 17 SEPT '49

19b. MAJOR FINDINGS OF OPERATION: CEREBELLAR + BRAIN STEM TUMOR (W. BALT. HOSP. REPORT)

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 3, 1949, to 8 DEC, 1949, that I last saw the deceased alive on 8 DEC, 1949, and that death occurred at 12:35P m., from the causes and on the date stated above.

SIGNATURE W.W. Ledyard (Degree or title) ADDRESS W.W. LEDYARD LTJG, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED 12/14/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-8-49	Ansbe Nesin	Baltimore, Maryland

DATE REC'D BY LOCAL REG. 12/14/49

REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: C.D. GOLDBERG, 4217 9th St, N.W. WASHINGTON, D.C. InJR

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11976

Reg. Dist. No. 2223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3700 Jenifer st. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacob	Solomon	Rudolph	Dec	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Wh.	Married	12-6-1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
taylor		Poland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Rudolph	Rachel CHEKANOFSKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	None	Records - Wash. San + Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar pneumonia	3 days.
334 Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	
	(c) Cerebral atrophy + ventricular dilatation	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 12-11, 1949, to 12-21, 1949, that I last saw the deceased alive on 12-21, 1949, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lester S. Blumenthal M.D.	1601 Corcoran St. N.W. D.C.	12-21-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	12/23/49	Ohev Sholom	Washington	DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/22/49	[illegible]	B Danzansky & Son Inc	3501-14 St NW.

RECEIVED
DEC 24 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11977

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 1 Month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hosp.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY District of Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 5203 St. Barnabas Rd. S.E. ✓
3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Marcella (Last) Sass	4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1949
5. SEX: Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed; 8. DATE OF BIRTH: July 21, 1911; 9. AGE last birthday: 38 yrs.; If under 1 year: Months / Days / Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None; 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Wisconsin; 12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME: Charles Groll	14. MOTHER'S MAIDEN NAME: Matilda Koepper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service)	16. SOCIAL SECURITY NO.
	17. INFORMANT AND ADDRESS: Records - Wash. San. + Hosp.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Congestive Cardiac Failure	2 months?
416 Antecedent cause(s) 130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Heart Disease	30 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Tuberculosis	2 months?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov. 4, 1949, to Dec. 8, 1949, that I last saw the deceased alive on Dec 8, 1949, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert A. Hare	M.D.	Takoma Park, Md.	12/8/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) / (State)
Burial	Dec 9-1949	Parkland	Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/8/49	J. Alton Dodd	Simmons Bros	2007 Nichols Ave. S.E.

RECEIVED
DEC 13 1949
BUREAU V. S.

Ella L. Seider

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11978

Reg. Dist. No. 216

1. PLACE OF DEATH:
County: Montgomery
City or town: Bethesda, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
9100 Old Georgetown Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3804 Ingomar St., N.W.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: ELLA FLORENCE SEIDER

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: William H. Seider
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 30, 1860

8. AGE: Years: 89 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Ohio (Town, county, and state)

10. Usual occupation: None

11. Industry or business: ---

FATHER
12. Name: Joseph Benham
13. Birthplace: Ohio

MOTHER
14. Maiden name: Sarah Maria Gates
15. Birthplace: Pa.

16. Informant: Mrs. Leon M. Betts
Address: 3804 Ingomar St., N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 16, 1949 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery
Location: 4000 Suitland Rd., Suitland, Md.

18. Funeral director: Chevy Chase Funeral Home
Address: 5101 Wis., Ave., N.W.

19. 12-15-49 (Date rec'd by registrar) 19 Helen Kurrack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 19 49 at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 14 19 44 to Dec 14 19 49 and that I last saw h alive on Dec 6 19 49

Immediate cause of death	DURATION
Acute Congestive Heart Failure	6 hrs.
Due to: Arteriosclerosis	
Due to: HSD	
Other conditions: 93d	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Gilbert B. Rude M.D. M. D. or other
Address: 3900 Military Rd., N.W. Date signed: Dec 14 '49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11979

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2419 Dennis Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2417 Dennis Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	AGNES	SERVAIS	December	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Aug. 29, 1916	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowan, Nebraska
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John William Green
14. MOTHER'S MAIDEN NAME: Mary McMahon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: yes
17. INFORMANT: Raymond A. Servais - Husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchart	M.D.	Gaithersburg Md	12-21-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation & Burial	12/22/49	Corpus Christie Cemetery	Fort Dodge, Webster, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/23/49	Frances Potter	Warner E. Pumphrey, Inc.	Silver Spring, Md.

VS. A15A

RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11980

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (In this place) 17 Hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 2311 EYE St, NW

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (n) (Last) SHANKLIN

4. DATE OF DEATH: (Month) 12-17-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-17-75

9. AGE last birthday: 74 yrs. If under 1 year: Months 9 Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U S Govt

11. BIRTHPLACE (State or foreign country): King George CNT Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) S.A.

16. SOCIAL SECURITY No.

17. INFORMANT: Wife: Mary Shanklin, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho Pneumonia	1 WK
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	Unknown
	(c)	

491
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 16, 1949, to DEC 17, 1949, that I last saw the deceased alive on DEC 17, 1949, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) ADDRESS W.F.QUEEN,CDR,,MC, USN, US Naval Hospital, Bethesda, Md DATE SIGNED 12-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12-22-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 12-20-49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Montgomery Brothers, 913 Florida Washington, D.C. L.B.

RECEIVED
DEC 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11981

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 103 Franklin Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Herman (Last) Sickel
4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 6, 1870
9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Haywood-Wakefield Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Sickel
14. MOTHER'S MAIDEN NAME: Alice Trust
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs. Mildred Butcher, Silver Spring, Md 103 Franklin Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral-Vascular Accident — 36 hrs.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
83a (b) Previous Cerebral Vascular accident — 2 days
(c) Generalized arteriosclerosis — Many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1949, to 12-20, 1949, that I last saw the deceased alive on 12-20, 1949, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John S. Rogers M.D. 960 Sutton Pl. Silver Spring, Md. 12-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12/23/49
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 12/22/49
REGISTRAR'S SIGNATURE H.E. Hedrick
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11982

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5201 Mass. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Montgomery Co.
STREET ADDRESS (If rural, give location) 5201 Mass. Ave.

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Martin (Last) Simpson, Jr.

4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 24, 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Income Tax, Internal Rev. U.S. Govt.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis M. Simpson Sr

14. MOTHER'S MAIDEN NAME: Cora Meise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. L.M.Simpson wife, 5201 Mass. Ave., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval between onset and death: June 1949

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

153
46 e

(b) Carcinoma of sigmoid

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3 June 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid & metastasis to liver

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Dec 24, 1949, that I last saw the deceased alive on 24 Dec, 1949, and that death occurred at 12:50P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward L. Wilson Jr. M.D. - 1801 - Eye St. NW. D.C. 24 Dec. 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-24-49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG. 12-24-49 — REGISTRAR'S SIGNATURE: Helen Kovach

24. FUNERAL DIRECTOR: H.H. Hines Co — ADDRESS: 2901-14th St NW

RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11983

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Glenecve
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Montgomery
City or town: Glenecve
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 5297 Montgomery Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3. (a) FULL NAME: LIZZIE R. SPENCER

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6.(b) Name of husband or wife: Charles W. Spencer
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 2, 1873

8. AGE:	Years	Months	Days	If less than one day
	76			..... hrs. ..... min.

9. Birthplace: N.J.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: John Ruef
13. Birthplace: N.J.

MOTHER
14. Maiden name: Emily Hay
15. Birthplace: N.J.

16. Informant: Mr. Leonard E. Keese,
Address: 5297 Montgomery Ave., Glenecve, Md.

17. (Burial, cremation, or removal. Which?) Date thereof: Jan 1, 1950 (month) (day) (year)
Cemetery or crematory: Omaha Nebraska
Location: Omaha Nebraska
18. Funeral director: Chevy Chase Funeral Home
Address: 5101 Wis., Ave., N.W.

19. 12-31-49 19..... Helen Kurvach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DEC 31 1949 19..... at 1:15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8. 1949 to DEC 31 1949
and that I last saw her alive on DEC 31 1949 19.....

Immediate cause of death	DURATION
Cardiac asthma	1/2 hr.
Due to: Hypertensive heart disease	6-7 years
Due to:	
Other conditions	

443
93d

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: C. P. Ryland
C. P. RYLAND, M. D.
4901 MASSACHUSETTS AVE., N. W.
WASHINGTON 16, D. C.
M. D. or other
Address
Date signed: DEC 31 1949

RECEIVED
JAN 3 1950
BUREAU V. S.

11984

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.y
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location) R.R. #5

3. NAME OF DECEASED (Type or Print) (First) GROVER (Middle) M (Last) STANLEY

4. DATE OF DEATH (Month) December (Day) 17 (Year) 1949

5. SEX male
6. COLOR OR RACE wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) m.
8. DATE OF BIRTH July 28, 1892
9. AGE last birthday 57 yrs. If under 1 Months 4. I year Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (State or foreign country) Damascus, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME R. Harry Stanley
14. MOTHER'S MAIDEN NAME Fannie Mount

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Rosa L. Stanley - Damascus Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH c. 10 days

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Diabetes mellitus.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/December 1949, to 17/Dec., 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 4:10 P.m., from the causes and on the date stated above.

SIGNATURE Charles R. L. Halley (Degree or title) ADDRESS 915 - 19th N.W. Washington D.C. DATE SIGNED 17/Dec/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 20, 1949
NAME OF CEMETERY OR CREMATORY Damascus Methodist
LOCATION (City, town, or county) Damascus Md (State)

DATE REC'D BY LOCAL REG. 12-19-49
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Olin L. Molesworth
ADDRESS Damascus Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11985

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Gaithersburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Gaithersburg
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Benjamin (Last) Stewart

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 19 49

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: March 24, 1866

9. AGE last birthday: 83 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Stewart

14. MOTHER'S MAIDEN NAME: Bettie Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Harriett Franklin (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial asthma — 1 week

241 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Senility + arteriosclerosis.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27 19 49, to Dec 2, 19 49, that I last saw the deceased alive on Dec 2, 19 49, and that death occurred at 1.40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: 26 W. Diamond Ave Gaithersburg Md — DATE SIGNED: Dec 3, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 12-5-49 — NAME OF CEMETERY OR CREMATORY: Brooke Grove. — LOCATION (City, town, or county) (State): Laytonsville, Md.

DATE REC'D BY LOCAL REG.: Dec 5, 1949 — REGISTRAR'S SIGNATURE: Rhoda L. Cooke

24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville Md.

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DEC 7 1949
BUREAU V. S.

11986

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. Md
LENGTH OF STAY (in this place) 2 mo 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 9105 Rairview Road.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) - (Last) Sullivan.

4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 1949

5. SEX Female
6. COLOR OR RACE Wt.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3-25-1864
9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Ireland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Patrick Sullivan
14. MOTHER'S MAIDEN NAME Ellen Broderick.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma (Cancer) of bladder — INTERVAL BETWEEN ONSET AND DEATH 9 months

Antecedent cause(s)

181
52b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to Dec 20, 1949, that I last saw the deceased alive on Dec 19, 1949, and that death occurred at 3:15 a m., from the causes and on the date stated above.

SIGNATURE John N. Andrews MD (Degree or title) ADDRESS 9601 Colesville Rd Silver Spring Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/23/49
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 12/23/49
REGISTRAR'S SIGNATURE J. Arthur Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1950
BUREAU V.A.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 405 Blanford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New York — COUNTY: Westchestery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Rochelle
STREET ADDRESS (If rural, give location): 51 Sickles Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Westley (Last) Thomas
4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 18, 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months 0, Days 29 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George W. Thomas
14. MOTHER'S MAIDEN NAME: Elizabeth Cobles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mildred T. Wells, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
421.1	Immediate cause	(a) Myocardial infarction	1 Hour
	Antecedent cause(s)	(b) Coronary sclerosis	3-5 yrs
92a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Aortic stenosis	3-5 yrs

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: old healed pulmonary tuberculosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: old amputation both legs
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1949, to 12/17, 1949, that I last saw the deceased alive on 12/17, 1949 and that death occurred at 10:45A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): — ADDRESS: Rochelle — DATE SIGNED: 12/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit — DATE: Dec. 18, 1949 — NAME OF CEMETERY OR CREMATORY: Beechwood Cemetery — LOCATION (City, town, or county) (State): New Rochelle, New York

DATE REC'D BY LOCAL REG.: 12/19/49 — REGISTRAR'S SIGNATURE: Louise B. Humphreys — 24. FUNERAL DIRECTOR: Robert A. Humphrey — ADDRESS: Bethesda, Md.

RECEIVED
DEC 22 1949
BUREAU V. S.

11988

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Monrovia Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Monrovia
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) JANE (Last) Thomas

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Sept 1, 1883
9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr Ziegler
14. MOTHER'S MAIDEN NAME: Sally Shriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: John William Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Chronic Uremia	2 yrs
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cardio-Vascular Renal desease	5 yrs
	(c)	Advanced Arterio- Sclerosis	5 yrs

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to December 27, 1949, that I last saw the deceased alive on Dec. 26, 1949, and that death occurred at 6:28 a.m., from the causes and on the date stated above.

SIGNATURE: Stanley Grabill (Degree or title) M. D. ADDRESS: Mt. Airy, Maryland DATE SIGNED: Dec. 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Dec 29, 1949
NAME OF CEMETERY OR CREMATORY: Friend Ship
LOCATION (City, town, or county) (State): Clagetsville Md

DATE REC'D BY LOCAL REG.: Dec. 28, 1949
REGISTRAR'S SIGNATURE: Della N. Burdette
24. FUNERAL DIRECTOR: Roy W. Barber Laytonsville Md
ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11989

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson; LENGTH OF STAY (in this place) 84 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Eugene (Last) Thompson

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/2/1865

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer on Farm

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U S

13. FATHER'S NAME: Andrew Thompson

14. MOTHER'S MAIDEN NAME: Salina Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Alice Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Pulmonary Embolism	12 hours
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arterio Disease	5 years
	(c) Generalized Arteriosclerosis	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to 16 Dec, 1949, that I last saw the deceased alive on 16 Dec, 1949, and that death occurred at 3 32 P.m., from the causes and on the date stated above.

SIGNATURE: Gordon M. Smith (Degree or title): M.D. ADDRESS: BARNESVILLE, Md. DATE SIGNED: 17 Dec "49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 12/19/49; NAME OF CEMETERY OR CREMATORY: Methodist; LOCATION (City, town, or county) (State): Clarksburg Md.

DATE REC'D BY LOCAL REG.: 12/17/49; REGISTRAR'S SIGNATURE: Mrs. C. C. Hilton by Mrs. W.B.H.

24. FUNERAL DIRECTOR: William B Hilton, ADDRESS: Barnesville Md

VS. A15

RECEIVED
DEC 22 1943
BUREAU V. S.

11990

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown, - LENGTH OF STAY (In this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS - Rural. Seneca.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mon
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown. R F D. Seneca
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Lee (Last) THRASHER
4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 49 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Sept 25/1895
9. AGE last birthday 54 yrs. If under 1 year Months 2 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY "
11. BIRTHPLACE (State or foreign country) Seneca Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME William L. Thrasher
14. MOTHER'S MAIDEN NAME Mary M. Mosburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War I (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Alice Mae Thrasher, (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure — ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar pneumonia (probable) — 4 weeks

(c)

490
109

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/17/49
NAME OF CEMETERY ~~OR CREMATORY~~ Darnstown.
LOCATION (City, town, or county) Darnstown. Md, (State)

DATE REC'D BY LOCAL REG. Dec. 17, 1949
REGISTRAR'S SIGNATURE Alsada G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner, ADDRESS Gaithersburg Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
DEC 21 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11991

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 6629 Piney Branch Road ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Edith Kathleen Turpen

4. DATE OF DEATH (Month) (Day) (Year) 12 7 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 12, 1871
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dallas, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Clayton J Ryman
14. MOTHER'S MAIDEN NAME Evaline Hadsall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis; Arteriosclerosis general — INTERVAL BETWEEN ONSET AND DEATH 3-4 days

241 Antecedent cause(s) Asthmatic Bronchitis — Off on several years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 3-4 yrs ago, to 12/7/, 1949 that I last saw the deceased alive on 12/6/, 1949, and that death occurred at 12:76 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas H Holohan ADDRESS 500 Underwood Dr N.W. Wash. D.C. DATE SIGNED 12/7/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE Dec 9-1949 NAME OF CEMETERY OR CREMATORY Rock Creek Cem LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 12/7/49 REGISTRAR'S SIGNATURE J. Watson Dodd
24. FUNERAL DIRECTOR J. H. Hines Co. ADDRESS Washington, D.C.

Mr. Dodd
Ill.-187

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DEC 9 1949
BUREAU V. S.

11992

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 5mo 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lakeland
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Evelyn	Marion	TYNER	DEC. 13, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Married	9-8-14	35 yrs.	5	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cornelius Giles	Lucy Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Husband: Edward Lee Tyner, same addres

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition	6 mo-
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Cervix, advanced	9 month
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6 JULY, 1949, to 13 DEC, 1949, that I last saw the deceased alive on 13 DEC, 1949, and that death occurred at 2:20P m., from the causes and on the date stated above.

SIGNATURE: Paul Peterson (Degree or title) — ADDRESS — DATE SIGNED

Paul Peterson, Captain, MC, USN, U.S. Naval Hospital, Bethesda, Md 12/16/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-16-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR — ADDRESS
12/16/49	Elizabeth Willett	Frazier Funeral Home, 389 Rhode Island Avenue, N.E. Washington, DC

By W. E. Taylor

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DEC 21 1949
BUREAU V. S.

11993

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Halifax St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
STREET ADDRESS (If rural, give location) Halifax St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Etta (Last) Underdonk
4. DATE OF DEATH (Month) Dec. (Day) 15 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 17, 1876
9. AGE last birthday 73 yrs. If under 1 year Months 2 Days 28 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Jones
14. MOTHER'S MAIDEN NAME Mary E. Wintermyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Emma M. Spong - Cabin John, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 12/18/49
NAME OF CEMETERY OR CREMATORY Reform Cemetery
LOCATION (City, town, or county) Shepardstown (State) W. Va.
DATE REC'D BY LOCAL REG. 12-15-49
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 17 1949
BUREAU U. S.

11994

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 19hr 30min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington.
STREET ADDRESS (If rural, give location) 1709 Lamont St N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) E (Last) Ward
4. DATE OF DEATH (Month) 12 (Day) 11 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10-18-1878
9. AGE last birthday 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ki
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Washington DC.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Hall
14. MOTHER'S MAIDEN NAME Catherine Cabler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Respiratory Failure

592 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia

(c) Chronic Nephritis.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1947, to 12-11, 1949, that I last saw the deceased alive on 12-10, 1949, and that death occurred at 6 20 a.m., from the causes and on the date stated above.

SIGNATURE Dean H. Harding MD (Degree or title) ADDRESS 113 Carroll St NW. Wash DC DATE SIGNED 12-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 12/14/49 NAME OF CEMETERY OR CREMATORY Quaker Cemetery LOCATION (City, town, or county) Galesville, Md (State) AA Co.

DATE REC'D BY LOCAL REG. 12/11/49 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR T. A. Hardesty Exr Son ADDRESS Galesville Md

RECEIVED
DEC 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11995

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA, RURAL; LENGTH OF STAY (in this place) 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT COLUMBIA; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON; STREET ADDRESS (If rural, give location) 1841 COLUMBIA RD N.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Berry (Last) WATSON

4. DATE OF DEATH: (Month) DEC (Day) 1 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-27-86

9. AGE last birthday: 63 yrs. If under 1 year: Months 4, Days 4, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: HARRY G. WATSON

14. MOTHER'S MAIDEN NAME: MINNIE B. WAGNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW I (If year, give war or dates of service) YES

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Josephine M. Watson same add

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-Pneumonia.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Adeno-Ca of Prostate 3 yrs.

(c) & metastasis.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Nov, 1949, to 1 Dec., 1949, that I last saw the deceased alive on 1 Dec 1949, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE C. J. Honsik. (Degree or title) ADDRESS C.J. HONSIK, LTJG, MC, USN. U.S. NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED 12-2-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL; DATE 12-5-49; NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL; LOCATION (City, town, or county) (State) ARLINGTON VIRGINIA

DATE REC'D BY LOCAL REG. 12-2-49; REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS S.H.HINES 2901 14th St NW, WASH D.C

JZR #129

RECEIVED
DEC 9 1949
BUREAU V. S.

11996

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) # 4 West Woodbine St.,

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) LOWRIE (Last) WEAVER
4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1949 19

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Sept. 19, 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Weaver
14. MOTHER'S MAIDEN NAME Augusta McNeir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles B. Weaver, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease — 7 yrs

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - Senility — "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1942, to Dec. 17, 1949, that I last saw the deceased alive on Dec. 16, 1949, and that death occurred at 12:12 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. R. Huffman M.D. 1912 - A. St. Wash. D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 12/19/49
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 12-18-49
REGISTRAR'S SIGNATURE Helen Kurwacke
24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons, Inc. 1756 Penna. Ave. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11997

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 17 Tiller Green, SW,

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Knowlan (Last) WEBB
4. DATE OF DEATH: (Month) 12-31-49 (Day) (Year) 19
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-30-49
9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours 2 Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James Hurt Webb
14. MOTHER'S MAIDEN NAME: Velma Mary Buck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Father: James H. Webb, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease

754.4 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) No antecedent cause

157c (c) Atelectasis, partial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 DEC., 1949, to 31 DEC., 1949, that I last saw the deceased alive on 31 DEC., 1949 and that death occurred at 1:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P. PETERSON, CAPT, MC, USN,
ADDRESS: U. S. Naval Hospital, Bethesda, Md
DATE SIGNED: 1-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 12-31-49
NAME OF CEMETERY OR CREMATORY: Pathology Department
LOCATION (City, town, or county) (State): Naval Medical School

DATE REC'D BY LOCAL REG. 1-6-50
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR:
ADDRESS: Bethesda, Maryland

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JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11998

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beltsville, Md.
STREET ADDRESS (If rural, give location): P.O. Beltsville, Md.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Loyd (Last) WEEMS

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-4-1895

9. AGE last birthday: 54 yrs. If under 1 year: Months 7 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John A. Weems

14. MOTHER'S MAIDEN NAME: Laura Barrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. John A. Weems (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage with rupture into ventricular system	2+ hours.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	1+ year
443 / 932	(c) Myocardial hypertrophy	1+ year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At wnrk ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Dec, 1949, to 24 Dec, 1949, that I last saw the deceased alive on 24 Dec, 1949, and that death occurred at 6:08 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wade H. Boswell W.H. BOSWELL, LT, MC, USN | ADDRESS: U. S. Naval Hospital, Bethesda, Md. | DATE SIGNED: 12-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12-29-49 | NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cemetery | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 12/30/49 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR: H.S. WASHINGTON & SONS | ADDRESS: 467 N.St.N.W.DC.

T.P

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JAN 2 1950
BUREAU V. S.

Wheeler, Catherine

11999

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1100 Greenwood ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 1100 Greenwood ave.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Davis (Last) Wheeler

4. DATE OF DEATH (Month) Dec. (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct-1, 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - U. S. Govt.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Jefferson
14. MOTHER'S MAIDEN NAME Della Pickering

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Howell B. Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Brain

193

Antecedent cause(s)

54b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Dec 28, 1949, that I last saw the deceased alive on Dec 20, 1949, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

SIGNATURE Dean H. Harding (Degree or title) M.D. ADDRESS 113 Carroll St NW, Wash DC DATE SIGNED 12-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/30/49
NAME OF CEMETERY OR CREMATORY Arlington National Cem
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 12/29/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

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JAN 2 1950
BUREAU V. S.

12000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
STREET ADDRESS (If rural, give location) 11 Carver Road

3. NAME OF DECEASED (Type or Print) (First) Eunice (Middle) (Last) White
4. DATE OF DEATH (Month) Dec. (Day) 30, (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Nov. 12, 1895
9. AGE last birthday 54 yrs. If under 1 year Months 1 Days 18 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Penn. Co. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Harry Younger
14. MOTHER'S MAIDEN NAME Liza Gosman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dewey Younger (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 1) Acute congestive heart failure
2) Coronary heart disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive and arteriosclerotic heart disease

93d (c) cerebral hemorrage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fibroid of uterus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1949 to 12-30, 1949 that I last saw the deceased alive on 12-30-49, 1949 and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE Mary Ni (Degree or title) M.D. ADDRESS Suburban Hospital, Bethesda, Md. DATE SIGNED 12-31-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Jan 4, 1950 NAME OF CEMETERY OR CREMATORY Fairview Cemetery LOCATION (City, town, or county) Pittsvania Bethel VA. (State)

DATE REC'D BY LOCAL REG. 1/1/50 REGISTRAR'S SIGNATURE Helen Kurnack
24. FUNERAL DIRECTOR Joseph C. Janifer ADDRESS 1141 22nd St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 3 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH 12001

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH· COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodacres
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney View Rest Home	STREET ADDRESS (If rural, give location) 7109 Harwick Rd.

3. NAME OF DECEASED (Type or Print) (First) Cornelia (Middle) Ann (Last) Wilson				4. DATE OF DEATH (Month) Dec. (Day) 28, (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 16, 1872	9. AGE last birthday 77 yrs.	If under 1 year Months 10 Days 10 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker	10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Indiania	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin F. Wilder			14. MOTHER'S MAIDEN NAME Minerva Griffith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS Mrs John Moats		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Failure	12 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	42 hrs
	(c) Far advanced arteriosclerosis	3-4 yrs.

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1949, to 12/28, 1949, that I last saw the deceased alive on 12/26, 1949, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank Y. Jaggers M.D.	5707 Wisconsin Ave Ch. Ch. Md.	12/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit	DATE 12/29/49	NAME OF CEMETERY OR CREMATORY Boonville, Ind.	LOCATION (City, town, or county) (State) Boonville, Ind.
DATE REC'D BY LOCAL REG. 12-29-49	REGISTRAR'S SIGNATURE Helen Kurvack	24. FUNERAL DIRECTOR Robert L. Humphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12002

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 3133 Connecticut Avenue, N.W.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Barry (Last) WILSON

4. DATE OF DEATH: (Month) DEC (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-27-92

9. AGE last birthday: 57 yrs. If under 1 year: Months 8, Days 7, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rear Admiral Ret.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Wilson

14. MOTHER'S MAIDEN NAME: Ada Maguire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I & II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife: Anna T. Wilson, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

452 Immediate cause (a) Ruptured arteriosclerotic aneurysm of abdominal aorta with massive hemorrhage — Interval Between Onset and Death: 35 hours

96 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis. — 5 years

(c) Hypertension (Hypertension 8d) — 6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis — 3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 DEC, 1949, to 4 DEC, 1949, that I last saw the deceased alive on 4 DEC, 1949, and that death occurred at 3:06A m., from the causes and on the date stated above.

SIGNATURE T.E. Jarrett (Degree or title) ADDRESS T.E. JARRETT, CDR, MC, USN, NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED 12-7-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 12-7-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 12-8-49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. Chambers ADDRESS: 1400 Chapin St Washington, D.C.

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DEC 13 1949
BUREAU V. S.

12003

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY: Monty MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg — LENGTH OF STAY (in this place): 1 mo 10 to	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Methodist Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Rose	(Middle) Belle	(Last) Wilson	4. DATE OF DEATH	(Month) 12	(Day) 9 (Year) 49 19
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single	8. DATE OF BIRTH: July 19, 1860	9. AGE last birthday: 89 yrs.	If under 1 year: Months 4, Days 20	If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Milliner	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Somerset Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: William H Wilson	14. MOTHER'S MAIDEN NAME: Mary Bella Lankford					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Home of Aged Records				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malignancy of esophagus — Oct. 1949

150 Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to Dec-9, 1949, that I last saw the deceased alive on Dec-7, 1949, and that death occurred at 5 10 P m., from the causes and on the date stated above.

SIGNATURE: William C. Miller, M.D. (Degree or title) — ADDRESS: 7 Brooke Ave., Gaithersburg, Md — DATE SIGNED: 12/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12/12/49	NAME OF CEMETERY OR CREMATORY: Pomona Cemetery	LOCATION (City, town, or county) (State): Pocomoke City Md
DATE REC'D BY LOCAL REG.: Dec-9, 1949	REGISTRAR'S SIGNATURE: Almeda G. Cooke	24. FUNERAL DIRECTOR: E. C. Gartner	ADDRESS: Md Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1949
BUREAU V. S.

12004

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2310 Colston Drive, S. S.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2310 Colston Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): AMANDA WITTERGREN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 27, 1949 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 18, 1873

9. AGE last birthday: 76 yrs. — If under 1 year Months/Days — If under 24 hrs. Hours/Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs.R.J.Thomas, 2310 Colston Drive, S. S., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease	11 years
443 93d	(c) Generalized arteriosclerosis	15 years (?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Anemia macrocytic — 1 year

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to December 27, 1949, that I last saw the deceased alive on Dec 24, 1949, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Aaron H. Traum	M.D.	8237 Georgia Ave Silver Spring, Md	Dec 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & burial	Dec. 28, 1949	Sparta Christian Church Cem.,	Ligonier, Noble Co., Ind.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/28/49	Frances Potter	Horner & Pumphrey	8434 Ga. Ave., S. S., Md.

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12005

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Kristie (Middle) (n) (Last) WOODWORTH

4. DATE OF DEATH: (Month) (Day) (Year) 12-25-49 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-22-49

9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert Woodworth

14. MOTHER'S MAIDEN NAME: Not available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Father: Robert Woodworth, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ATELECTASIS (Aspiration Pneumonia bilateral)

Antecedent cause(s) 587.2 (b) MECONIUM ILEUS

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 760c (c) FIBROCYSTIC DISEASE OF THE PANCREAS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Dec, 19 49, to 25 Dec 19 49, that I last saw the deceased alive on 25 Dec, 19 49, and that death occurred at 12:10P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J.J. MAIORIELLO LTJG, MC, U. S. Naval Hospital, Bethesda, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12-28-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 12/30/49
REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: James T. Ryan 317 Pennsylvania AveSE Washington, D.C. (R.E.S.)

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 2 1950
BUREAU Y. &.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12006

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): few days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 305 Greenwich Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Rhode Island — COUNTY: Providence
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Providence
STREET ADDRESS (If rural, give location): 98 Lenox Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) EDWARD FREDRICK (Middle) WORTH (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 16, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 10, 1879

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engraver

10b. KIND OF BUSINESS OR INDUSTRY: Textile

11. BIRTHPLACE (State or foreign country): Providence, R. I.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward M. Worth

14. MOTHER'S MAIDEN NAME: Elizabeth Brannigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 016-07-8348

17. INFORMANT AND ADDRESS: Mrs. Hedvig B. Worth, 98 Lenox Ave., Providence 7, R. I.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	30 minutes
Antecedent cause(s)	(b) Coronary thrombosis 1st attack 1945 — 2nd attack 1947	4 yrs. 2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.1 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1949, to Jan 16, 1949, that I last saw the deceased alive on Jan 16, 1949, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): W B Wardrop M.D. ADDRESS: 837 Bonifant St. Silver Spring DATE SIGNED: 12/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal & burial | DATE: Dec. 17, 1949 | NAME OF CEMETERY OR CREMATORY: Pocasset Cemetery | LOCATION (City, town, or county) (State): Providence, R. I.

DATE REC'D BY LOCAL REG.: Dec 19/49 | REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warren E. Pumphrey, Inc. 8434 Ga. Ave., Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1949
BUREAU V. A.

12007

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6521 Clarendon Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 127 C St. N.E. apt 304

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eduard	Carl	Wrede	Dec	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white		Aug. 29, 1890	59 yrs.	3	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Congress
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert A. Wrede
14. MOTHER'S MAIDEN NAME: Minnie C. Casterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Rippeth Funeral Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden death
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
9th	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockhurst	M.D.	Gaithersburg Md	12-23-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	12/24/49	Maplewood Cemetery	N. Baltimore, Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-24-49	Helen Burwack	Robert C. Humphrey	Bethesda, Md.

VS. A15A

RECEIVED
DEC 28 1949
BUREAU V. S.